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Maine Youth Suicide Prevention Program Garrett Lee Smith Memorial Project Evaluation Report

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GARRETT LEE SMITH MEMORIAL GRANT
PROJECT EVALUATION REPORT

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INTRODUCTION

The Maine Youth Suicide Prevention Program received a three-year grant in 2006 from the Substance Abuse and Mental Health Services Administration (SAMHSA) to implement suicide prevention strategies. The Center for Research and Evaluation in the College of Education and Human Development at the University of Maine was contracted to conduct the evaluation of the initiative.

While the grant included a wide variety of objectives and strategies designed to prevent youth suicide, the evaluation focused assessing the implementation and outcomes of the school-community Lifelines Program and the impact of the technical assistance provided to two University of Maine campuses. The evaluation efforts also attempted to assess the impact of trainings for primary care provider but efforts to collect pre and follow-up evaluations from those who participated in primary care provider trainings were not successful.

The evaluation methods, findings and conclusions are described in this report. The report is divided into two main sections, which include an Evaluation of the School and Community Lifelines Program and an Evaluation of the College Initiative. The evaluation of the School Community initiative is more substantial than the evaluation of the College Initiative, but proportionally matches the program's efforts.

Section I:

**Evaluation of School and Community
Lifelines Program**

OVERVIEW OF LIFELINES SCHOOL AND COMMUNITY MODEL

Between 2005 and 2008, the Maine Youth Suicide Prevention Program (MYSPP) implemented the Comprehensive Lifelines Program in six school communities in Maine. Maine's Lifelines Program was adapted from Lifelines (Kalafat and Underwood, 1989), and was implemented in 12 Maine high schools in a prior project funded by the Centers for Disease Control and Prevention (CDC). The model used in that project was expanded to include a community component in the current iteration. An illustration of the Lifelines Program Model can be found in Appendix A.

For this initiative, three distinct geographic locations with the highest rates of youth suicide in the state were targeted for participation. The program began by contracting with three crisis agencies that provided services in those counties. Funds were provided to those agencies to support a designated staff person 20 hours per week, (referred to as the local coordinators) to work with two high schools and three community agencies in their service area on implementation of a comprehensive approach to youth suicide prevention. The Program Coordinator worked with the local coordinators from each crisis agency to recruit the schools and agencies in their areas.

Local coordinators were asked to support and manage project implementation in their respective areas. This was to include the development of contracts and management of funds for the schools and agencies; provide technical assistance on implementation of the Lifelines model in schools and select components in community agencies; coordinate use of a data system in the schools for early identification and referral of at risk students; and advance linkages between school based health centers and mental health services.

In total, six schools and nine community agencies agreed to participate in the project. The main goal of the initiative was to develop competent communities that could appropriately respond to youth at risk for suicide and manage the environment in the event of a suicide in order to prevent contagion. An illustration of the organization of the schools and agencies involved in the project can be found in Appendix A.

Each of the schools agreed to do the following:

1. Develop protocols designed to provide guidance to school personnel (1) for the identification and referral of youth at risk for suicide, (2) suicide attempts on and off campus; and (3) to manage the school environment in the aftermath of a suicide.
2. Send a core number of school staff members to Gatekeeper training.
3. Send two staff members to Training of Trainers, so that they in turn would provide suicide awareness training for the staff at their school.
4. Offer Staff Awareness training to all school personnel.
5. Send at least one staff member to Lifelines Lessons Instructor Training.
6. Deliver Lifelines Lessons in required health courses, designed to teach students to recognize the warning signs for suicide in a peer and to encourage them to seek adult help on behalf of themselves or their peer.
7. Implement a School Assistance Team designed to identify students at risk for school failure and potentially for suicide.
8. Implement a Data Tickler System, a systematic collection of individual student level data (e.g., grades, absences, detentions, etc.) that may indicate risk for a host of academic and mental health problems.
9. Identify and refer students potentially at risk for suicide.
10. Update all of the above as needed.

Community agencies were asked to do the following:

1. Develop protocols designed to provide guidance to agency personnel (1) for the identification and referral of youth at risk for suicide, (2) suicide attempts on and off agency premises; and (3) to manage the agency environment in the after math of a suicide.
2. Send a core number of staff members to Gatekeeper training.
3. Send two staff members to Training of Trainers, so that they in turn would provide suicide awareness training for the staff at their agency.
4. Offer Staff Awareness training to agency personnel.
5. Update all of the above as needed.

EVALUATION METHODS

Evaluation plans were developed and carried out for a number of project objectives, specifically those designed to increase capacity to intervene with a youth who may be at risk for suicide. The evaluation of the school and community project collected data from nine community agencies and six high schools. Evaluation plans utilized both quantitative and qualitative methods to track events and to measure changes over the life of the project. In-depth interviews were conducted at baseline and post project with key informants at every site; staff awareness surveys were administered to school and community agency staff members; events (identification and referral of a youth) were documented and submitted by participating schools and crisis agencies.

In-depth Interviews

Interviews were conducted with key informants at each of the targeted community partner institutions/agencies named above. Five individuals were interviewed post project at each of the high schools: project coordinator, lifelines instructor, senior administrator, gatekeeper, and a member of the student assistance team. The project coordinator was interviewed at the beginning of the project. One key contact person was interviewed before and after the project at participating community agencies.

Interview protocols were designed to elicit information about institution/agency roles, individual roles, and current practices regarding suicide prevention, intervention and postvention. Questions were added to the post project interview protocols to explore perceptions about preparedness to intervene or respond to an event (suicide risk, attempt or death). Interviews were conducted in person, by a limited number of research associates skilled in qualitative methods and familiar with the research questions. With consent, the interviews were audio-recorded and later transcribed for analysis.

Staff Awareness Surveys

In order to measure changes among agency and school staff members, questionnaires were administered to a broad selection of staff members at participating schools and community agencies at the beginning and at the end of the project. Most often, the questionnaires were distributed and collected at staff meetings; sometimes they were placed in staff

mailboxes with instructions to return them to the project liaison, sealed in the envelope provided to protect confidentiality. The questionnaire, a short scan form, was designed to gather information on respondents' confidence in their ability to: (1) recognize warning signs of suicide in a student, (2) to know what to do if a student demonstrated risk signs for suicide, and (3) to ask directly if someone was considering suicide. In addition, staff members were asked if they had identified and referred any youth to someone else in their school/agency.

Event Reports

To answer evaluation questions about identification, referral and treatment of youth at risk of suicide, an online form, referred to as an event report, was created for schools to report information. School coordinators were asked to fill out an event report whenever they or another staff person or student expressed concern about a student they thought might be at risk for suicide. The report was designed to document the school's process of identification and referral, including the role of the person who had the concern, whether or not a referral was made and to whom. They were also asked to fill out a follow-up event report on every case, within thirty days. This form requested information about the referral, type of service received and results of assessment. No personal identifiers were used on the event reports. Instead unique identifiers were assigned to students by coordinators who kept logs with names and study ID numbers in locked file cabinets.

The in-depth interviews, staff surveys and event reports provided multiple lenses through which to evaluate the Lifelines Program. The interviews provided school and community agency personnel's perspectives on the both the implementation and impacts of the Lifeline's program. School and community agency staff surveys provided information on the impact of training efforts. The event reports, submitted by school personnel, provided information on each school's ability to identify and refer students at risk. As well these reports provided information on referral of students. Together these data collection methods served as an evaluation of the implementation and outcomes of the project.

Data analysis of staff surveys and event reports was conducted using SPSS, a statistical software packet. Staff surveys and event reports are reported in aggregate in order to maintain confidentiality. Interviews were transcribed and analyses of the transcriptions

were conducted using a case study approach. NVivo 8, a qualitative analysis software, was used to code the transcripts. The case studies are reported by the three participating regions – northern, coastal, and southern. Reports for each region include information gathered from the crisis agency that coordinated the project in the region, the three participating community agencies and the two participating high schools in that region.

CASE STUDY RESULTS

Northern Region

Crisis Agency Summary

Services and Role in Suicide Prevention

According to the local coordinator in this region, suicide prevention is very much a significant part of what they do in crisis services. They talk about suicide and suicide prevention is at the forefront of the services that they provide. In order to clarify their services, a document was developed that specified when crisis should be called, what crisis does, when they should not be called and what to expect. In fact, the coordinator reported a decrease in inappropriate calls in this statement:

I think it doesn't seem like we are getting as much, like (school) for instance would call us quite a bit asking for risk assessments, is this kid appropriate to come back to school, which is obviously beyond the scope of our practice and we are not receiving those kinds of calls anymore.

In her opinion, the school used to make those calls because of their rural (underserved) location and desire to do the best they could for the student.

Benefits and Changes, as a Result of Participation in the Project

In addition to improving awareness among project partners of what a crisis agency can provide, the coordinator felt that one project benefit was more intense collaboration than usual and that this was helpful. However, she did not feel that participation in the project changed the way her agency approaches suicide prevention. Financial support was also considered a benefit, allowing her time to nurture relationships with project partners and to be

available to them in a very different way. As a crisis worker, it is not always possible to take calls or even to respond to them in a timely fashion.

Financial support was considered an important benefit to the schools as well:

I think it is good motivation, we are talking about really rural, poor school systems and agencies that are constantly facing budget stuff, I think it helped move things along, knowing that when you do your protocols you are going to receive a stipend that you can use for x, y or z. I think that really helps solidify some stuff that maybe would not have happened without it, I think that was really helpful.

Relationship with School

Though the relationship with both project schools in this area were reportedly good, the coordinator described having “a lot of” contact with one school in particular, from which they receive frequent requests for assistance. The project coordinator at the other school is a crisis worker and is often the one who responds to an in-house crisis. This interviewee stated:

I think we have great relationships with a lot of school systems, we are in and out of school a lot, so they know our faces and know who we are and we aren’t called so much into, there are a couple schools that I can think of, that do manage things more internally, but I think for the most part, we have really good relationships with our area schools.

In reference to project schools she described the relationships as:

Yes, I think that you just have great existing relationships with these two schools and that, we weren’t starting from the ground up, it becomes almost like you are meeting with an old friend, cause you see them year after year after year, and they know who you are and what you do and what your agency does, so in that respect, we were not were even close to starting from the ground.

Clearly, the coordinator felt the relationship between her agency and the two project schools was a good one and well established. She organized at least two area meetings, inviting all project participants in her region of the state. She referred to this group as a ‘county’ team that met on a regular basis (in addition to their regional meetings, she met

with them individually and at statewide project meetings). This enabled them to clarify their mission, discuss project activities, progress, barriers and so on.

I think that really helped us, developing that coalition early on, really helped us with the momentum of the project, and I know that our area is kind of unique in that where the only group that was able to do that, but really helped, it really helped us, knowing that within your school or within your agency you might feel like you are the only one carrying this out but we are all doing this together for this community, I think that was really a driving force.

Trainings

Asked if the staff at her agency had received gatekeeper and staff awareness training, the coordinator reported that some had gone to gatekeeper training and that staff awareness training had been provided at one of the northern branches. Plans to offer the training to foster families did not materialize, but training was provided to partner agencies and schools, as well as the local hospital.

Relationship with Community Agencies

The coordinator felt that relationships with agencies in the community existed prior to the project, though it brought many of them “closer” together and allowed them to learn more about each other. She stated:

I think those relationships existed before, I think that this project really brought the key agencies that were part of the project closer, we were at the table so often, and really got to know each other very well, so I think it certainly helped in the maintenance of those relationships.

She spoke about helping them with the development of their suicide prevention, intervention and prevention protocols, and what a struggle it was for those partners. Being part of a much bigger system, she said, made it difficult for them to know how to focus the protocols. She felt they really put in an effort though which, in her opinion, led to a greater awareness of what to do and when to do it. In terms of other community agencies, she spoke about the impact of the rural context on those relationships:

I think what is unique about the (county) area is that it is very, very tight and there aren't a lot of services offered and that kind of forces agencies to be close, and the

area, I think, is very, it is close in a lot of ways, we see that a lot in rural communities in terms of the service providers and the mental health providers, it is a very close network of agencies that serve that region.

Challenges

Challenges this project presented included “juggling” her responsibilities as a crisis worker and on the project. She described this challenge as:

It has been a juggling act, you know juggling crisis work, which is the nature of the job, it's, you know, notoriously unpredictable and late nights, early nights, and we have crisis workers who had been in this business for a long time because they love that and so I think it has been a balancing act of juggling the grant requirements and work requirements, our staff here has been very understanding of what the grant requirements are, but still has been challenging to me.

She reported that, at times, it was difficult to set aside time just for the grant work. A very slow and unreliable internet connection was another barrier, especially given the tasks of coordinating meetings and communicating with project partners. She was the only crisis worker at her agency with internet access, but described it as “slow and creaky.”

Being the “gentle kind of prodder,” making sure that other people got things done, was also mentioned, though she acknowledged it was something every coordinator would face. She said, “sometimes things happen a little slower than you would like them to and having to be that focus of prodding and having the ‘stick-to-it-ness’ to keep going.”

Sustainability

According to the coordinator, there is real strength and motivation in the group that formed out of this grant and they are motivated to continue with the work. However, there will no longer be a person acting as the local coordinator, and she thought that this could present a barrier to sustainability.

Community Agencies Summary

Introduction

In the northern region of the state, three community agencies were recruited to participate in the project together with project schools and the coordinating crisis agency in this region. The following sections describe the agencies that serve the project school in this re-

gion. Following this description, are two case studies with the MYSPP project schools. Agencies are de-identified and coded with letters A, B, and C which in no way corresponds to the agency name or title.

- A. A large nonprofit agency, this one provides assistance to adults and children with intellectual, behavioral, physical disabilities, and elder age related issues. It provides multiple levels of social services including residential, day treatment, clinical counseling, vocational, and in-home supports. With 400 staff members, services were provided across nine counties to more than 2,000 clients in 2008.
- B. At this agency, services include mental health evaluation and assessment; outpatient individual, family and group mental health counseling; substance abuse evaluation and assessment; outpatient individual, family and group substance abuse counseling; and DEEP.
- C. The mission of the third participating agency is to assist individuals and families in preventing, reducing, or eliminating poverty in their lives and, through partnerships, engaging the community in addressing economic and social needs

Baseline Data

At the beginning of the project, none of these community agencies had written guidelines or protocols around suicide prevention, intervention and postvention. Interviewees described unwritten procedures that were commonly followed by administration and staff members who provided direct services. Asked to talk about their agency's role in youth suicide prevention, the agency A interviewee spoke about specific departments most involved in outreach and work with youth, rather than seeing a role for staff at all levels across the agency.

Agency B staff members did not believe they had ever envisioned a specific role in youth suicide prevention at their agency, but rather early prevention is their focus. The interviewee responded that, "we work on prevention since a lot of our services are family enrichment services that are, hopefully, helping people have the support that would prevent this from being an issue to begin with."

The third agency, C, had recently combined mental health and substance abuse services, so were not yet clear about roles. Regarding prevention of suicide, clients in crisis would be referred to the local crisis provider for initial response and stabilization. In the af-

termath, with current or new clients, they could offer outpatient therapy and try to maintain stability. All new clients were screened for suicidality. The project coordinator stated:

The only thing we have that is definitely set in the protocols for treatment of clients is that whether they come in with suicidal behaviors or not, they always get the SAD person scale. Throughout our consult notes, they have a column for suicidality and some of us rate it from 1-10 and some of us just check it off that we checked in with the person.

There were existing relationships with each other and with crisis services. Agency C's interviewee responded:

We will refer back and forth to each other. If we share clients – we used to share a lot of clients, actually, because they were our mental health provider and we were their substance abuse provider. So we scratched each other's backs that way. We still do, for the most part, and we share information about clients that we have...with authorization. I think that's really good.

Post project interviews

Interviewees at these three agencies all spoke of the difficulty they had determining how to focus implementation of project activities. Given their size and diversity of services, two of the agencies chose to focus their suicide prevention efforts on one department, while at Agency A efforts were made to spread awareness across all departments.

Perceptions of agency role in youth suicide prevention. Of the three agency representatives, each described the role of their agency in different terms. At agency C, where the focus is on serving families, there are several programs including one that aims to build family assets and reduce risk factors for teens. It was felt that by providing families with many types of support, including case management, head start, health services, even fuel assistance, they were helping to prevent suicide. They also recognized the limits of their role, and spoke about the need to make referrals and get individuals connected to the appropriate services. Interviewee at Agency C stated:

Now we have these specific protocols, but I think people are pretty aware that that's not something people here are equipped to directly deal with or there is nobody on staff really, that we need to make referrals and help the person to get connected.

Staff members interviewed at agency A explained that it was appropriate to provide the training to all staff members in the agency so that they would know what to say and do.

She felt it was the role of agency staff members to keep people that they are responsible for safe by taking appropriate action and following up with them.

The third agency representative struggled to see a role for his department. Though clearly the hospital plays a critical role in youth suicide prevention, the role of his department wasn't so apparent. Primarily, this department provided one-on-one outpatient services to adult clients. He felt they this service did not impact youth suicide very much. He felt that his department could play a role in helping to make the issue visible to practices, perhaps by building a more integrated infrastructure between behavioral and physical medicine. It was his opinion that primary care providers in the hospital could have the biggest impact on the prevention of youth suicide in the community.

Training. At least one person at each agency had gone to the Gatekeeper training and training for trainers. In turn, two of the agencies (A and C) had provided Staff Awareness training, which was scheduled to occur at the third agency as well. Agency A had provided this training more than once during the project period, to all staff members including direct care and administrative staff.

Staff members at the family serving agency had also attended Coping and Support Training (CAST) about which they were very positive and were looking forward to implementing the program at their agency. The coalition that was formed out of this project, including the crisis agency, schools and community agencies, had decided to offer the awareness training to community groups. At the time of the post project interview, one such training had been conducted and another was planned.

Protocols. While all three agencies had developed protocols, only Agencies A and C interviewees referred to them without prompting. At agency A it was expected that the staff would follow the protocols that they had heard about in training should they be concerned that an individual was at risk for suicide. Staff members at agency B were planning to offer new trainings at which they would pass out the protocols.

When asked to describe their protocols, the interviewees at the family-serving agency gave several details indicating their familiarity with the protocols, while the staff at the other two agencies were not able to give specifics.

Identification and Referral Procedures. The following procedure for responding to a suicidal youth was described by staff members at agency C:

Our role as outlined in our protocol is basically, I can't think of the word, but should be the first, kind of like the first responder but to make the referral for them to get a suicide assessment from somebody who is qualified [crisis agency] But the role that we want our staff to take is basically to stay with that youth, to know the questions to ask...

This interviewee also stated:

The staff who was directly working with the youth who is displaying suicidal behaviors would talk to that youth and show they care, ask the questions, stay with them. They would contact a gatekeeper who is one of our trained gatekeepers. They would contact the person and let them know about the youth, again staying with the youth and then that person would do the kind of like it's not the full assessment, like the full assessment that [crisis agency] would do, but as gatekeepers we are trained to know the level of risk a little bit more and we would do that and make a referral and find a way to transport that student if we needed to or have somebody from [crisis agency] come if they can to meet with them, inform the parents.

Agency B describes their procedure as:

Well, we do one-on-one outpatient care so it's going to be individually assessed as to what the needs of the patient are and so we're doing many mental exams with people all of the time. We're always kind of assessing for suicide risk through our just general delivery of care. And so someone at risk is going to, we're going to be talking to that person about it and there will be care plans accordingly that are appropriate to you know that individual's situation. And so that could include you know hospitalization, could include more frequent contact, could include therapy that gets them you know more control over their thoughts and actions, and so forth.

Postvention. Agency B states that they are “moderately prepared” in the event of postvention procedures. She believed:

I think we are moderately prepared. I think that we should improve in the areas of how to support the staff through that kind of experience, I think we should probably be more conscious of how do we also, how do we respond potentially to the media and to the family in those situations, so yea, we could make some improvement there.

Connections and communication. All of the interviewees mentioned the new and improved relationships they had developed with each other and their local crisis service provider. They were meeting regularly and all hoped that this would continue. Agency A, referred to the relationship with crisis services as “collaborative”:

I think that our staff sees that it's a collaborative relationship. Prior that that we already had kind of a connection through the community corrections committee because crisis, of course, comes under [crisis agency] so there was a representative from [crisis agency] already but it wasn't specifically... I mean, I think a combination of what existed before and this has made it more collaborative.

Agency C staff members spoke of longstanding relationships with schools:

Yeah, we have key contacts at each of the schools, usually principal or vice principal and the guidance counselor who are aware, you know, know us by name and face and are aware of the services that we provide and we do keep in regular contact with them, probably weekly contact with some of them, go in and do some workshops at some of the schools, work one on one with some of their students...

Agency B, believed that this group of project participants were "dynamic." The response to these questions was:

This particular group is a very dynamic group and I think it has probably jelled in the time since I have been here, I think the first meeting were like, I thought it was just me, but as I think back on it now it was probably all of us, we were like "why are we doing this?" and "what, we are doing this out of obligation," and "what is the value, what is the point?" I think we have realized that this is a valuable topic to continue to meet about, there is some energy in this room, we have some good ideas, so yea, I would probably concur with what *Agency A* said, that it is a pretty active group. I think as a group we are pretty committed to trying to find some sustainability issues, we have not resolved that yet, how we might do that.

Changes and Benefits as a result of participation in the project. When asked about changes that occurred at their agencies as a result of participation in the project, the interviewee at Agency A said that she believed staff members that went to the awareness training were more aware of their role in suicide prevention. She spoke about integration of suicide prevention protocols into new employee orientation and the inclusion of suicide awareness in training offerings. Overall, it seems she felt the biggest benefits of participation in the project were the relationships with the other project participants and all of the trainings.

Staff members at agency C mentioned the protocols and the process of developing them as an important change for their agency, along with the staff training that "made everyone aware of the issue of youth suicide."

Challenges. As mentioned previously, the interviewee at agency B struggled with his agency's role in this initiative. He mentioned a few times that they don't serve youth and

that the nature of their work is much more in the realm of treatment than prevention. Asked if suicide prevention is integrated into their agency practices, he responded:

No, because I don't know how to integrate it. You know, we are not in a prevention realm. We don't have therapeutic interactions with the general public, we have interaction with the public as it relates to the delivery of mental health care already, so kind of by the nature of what we do we are not prevention - we are not in a position to do a lot of prevention.

A challenge at Agency A may be the extent to which the project became identified with one person and if she were to leave the agency, the project would be dropped. This interviewee also mentioned a disappointment her agency experienced related to the project. A group of interested older youth (17 years old) who were responsible for younger children, wanted to receive the Gatekeeper training but she was told that it would not be appropriate. She felt they were very responsible and would have benefited from the training.

Summary. Common to all three agencies in this region was the uncertainty at the beginning of the project about their role and whether or not this project was a good fit for them. They met and agreed that it was an important initiative. Two of the agencies in particular moved forward with activities including Gatekeeper training, protocol development and Staff Awareness training. However, based on the interviews, the third agency had not implemented as fully. Here, at agency B, there was just one trained gatekeeper on staff, protocols that hadn't yet been shared and no staff awareness training conducted as yet. Some of this might have been attributable to a significant turnover in staffing. The director of this agency (B) had been there less than two years, and was not convinced that youth suicide prevention was an appropriate activity for the agency to be involved in.

This piece of the program was also described as “another happy side effect” by one of the school coordinators in this region. She believed that having meetings with the local community service agencies involved in the project “brought them all closer” and felt that the networking system was much better as a result of developing these relationships.

School Case Studies

The schools in this region that might access Agency A, B and C for services are described in the following sections. A broad description of demographic and school mental health information for reader clarity regarding the project high school is included. Baseline

and post-project interview data will follow this description. The project high schools have been de-identified and coded, and in no way do these names reflect the actual name of the project high school.

N1 High School Case Study

Setting

This school serves four towns in rural Maine. It has a student enrollment of 391, with a teaching staff size of 29. The average median household income in this project area is \$28,929.¹ Sixty-six percent of their students qualify for free and reduced lunch. This school does not have any school-based health center nor provides mental health services. There is one social worker whose role is also as guidance counselor for K-12 in this district. There is one other guidance counselor at the high school as well as a full-time school nurse.

Baseline Information

This school had not formally addressed suicide prevention and intervention at the onset of this program. However, they have had student deaths by suicide in their community, which, according to the school coordinator was one impetus to engage in this project. Written protocols regarding youth suicidal events (including ideation, attempt, transitioning students from an extended absence and postvention guidelines) were not in place. The school coordinator stated that the school had “broad” procedures that addressed crisis situations but that this plan was not specific to suicide. Also, the school social worker was indicated as the go-to person regarding youth who needed special services.

The interviewee for the baseline data did not know if teaching and administrative staff members in the school had previous training in suicide awareness. Identification of students and referrals for mental health services prior to implementation of the project were primarily through this school's guidance department and their social worker. There was also a school nurse who would become involved on an as-needed basis. He stated that the procedures in place reflected a general understanding that staff members would go to one of the two guidance counselors or the school social worker with a concern. He indicated that an-

¹ SOURCE: All median data on Household income was collected from the Maine Education Policy Research Institute, <http://www2.umaine.edu/mepri/?q=node/1>, Access date 5/26/09, and computed for average income from the towns served by each project school.

other method for identification and referral included “Focus Teams” that met at grade level and discussed important issues concerning a child at risk. He did not say when or how often these teams met. There was no mention of an existing Student Assistance Team (SAT).

The interviewee, also the project coordinator, indicated that the school had a working relationship with community agencies involved in the project, and that written agreements were in place with them. At the onset of this project, the school coordinator believed that students and parents were not provided with any information regarding suicide. He believed that the school social worker was the most involved in working with families of youth with mental health and academic concerns, citing that she sometimes gets called at “2:00 am” to help a family in need.

Post Project Information - Roles of Key Staff

Digital post-project interviews were conducted with six staff members who were key players in the MYSPP implementation piece. The project roles, the positions they held in their school, their responsibilities in these roles as an integral piece of the implementation and sustainability, and perceptions that these roles played in their suicide prevention and intervention efforts, are described in the sections below.

Project school coordinator. In this school, the school project coordinator was the assistant high school principal. As an assistant principal, the school coordinator stated that it is his responsibility to “take care of a great deal of the discipline,” manage attendance and hire substitutes. The assistant principal begins his day at the school at 6:00 am. As project school coordinator, he was responsible for overseeing the implementation of the Lifelines program in the school. He stated that he considered his role in suicide prevention was to be the grant leader in this project and to find ways to help (what he perceived) was a very high-risk student population. He stated, “Being in a socio-economically depressed area that sort of generates a lot of people who have an extremely high special education percentage here, compared to most communities.” He recognized the need for more strategies in their school that would help support those youth who lived within a high-risk contextual setting.

School administrator. Administrator roles varied in project schools. They typically offered support to their faculty and staff members and were either actively or indirectly involved in implementation of the project. The administrator interviewed at this school was

the high school principal. As a relatively new staff member (approximately two years), he had taken over the role of administrator after the project was underway. He deferred to the guidance counselor and social worker when he had questions or concerns about students at risk for suicide. He stated his role in the project was limited partially due to time on the job and because his assistant principal was the lead coordinator on the project. He believed his role in suicide prevention was to support his staff.

Gatekeeper #1. Two staff members who volunteered to attend the Gatekeeper training provided by the MYSPP staff, also volunteered to be interviewed regarding the role they played in the school, as well as their role as a trained Gatekeeper. The first Gatekeeper interview was with the school clinical social worker. She stated that she had been the clinical social worker for almost 12 years. Her school role was clinical social worker for the district, kindergarten through grade 12, as well as the day treatment coordinator for the district. She stated her role in the school district was varied, but often required direct contact with students, parents, community agencies and crisis:

I do a lot of individual work with children, mediation between school and family, I do mental health assessment, recommendation, and referral, I do a lot of crisis intervention and consultation with staff and administration, and as far as a day treatment coordinator, I'm developing a day treatment plan for monitoring that program for those students.

She believed that the district hired her because of its location in one of the most economically depressed counties in Maine. Her district, in particular, she stated, has “gone through a lot of tragedies” with a “significant number of suicides.” Also, this district is geographically distant from most of the available services and resources in the area. She believed that her primary role in this district was to provide risk assessment and “preventive” work. She stated, “I see a lot of kids and do a lot of preventive work but...any time that there is a crisis within the district that's reported to me, so that we can do an assessment for level of risk and then do appropriate intervention.” Along with other duties, this Gatekeeper was active in the community and involved with kids through extra-curricular activities. She stated, “I try to be involved in what the students are involved in so they see me in a lot of different ways.” Her perception of this role, as it pertains to suicide prevention and intervention, was to build connections not only with students but also with families.

Gatekeeper #2. In this high school, apparent discrepancies in the implementation of components of the grant were investigated by conducting a second interview with another Gatekeeper. The guidance counselor for grades 10-12 was also interviewed. Her role as guidance counselor, she stated, was to provide academic and individual counseling. She also conducted college preparation with seniors and also, and connected with 7th and 8th grade youth who were “more comfortable” with her than with her male counterpart in the middle school. She perceived her role at the high school in suicide prevention to be a contact for students as well as to communicate with families and crisis services for referrals and follow-up. She did not participate in the staff training on suicide awareness.

Lifelines instructor. The Lifelines lessons are typically integrated into a high school Health curriculum. The health teacher who implemented Lifelines for this project integrated the curriculum into her middle-school, 8th grade classroom. Besides being a health teacher, she was also the physical education teacher, as well as coach for middle-school soccer and high school softball. She saw her role in suicide prevention in the school as a contact for kids because she felt that kids were “comfortable” coming to her with concerns.

Student Assistance Team (SAT) member. The SAT member who was assigned to interview with the project evaluator was a 7th grade science teacher and the physical education teacher. He was trained as a Gatekeeper and attended SAT training. He believed that his role in suicide prevention and intervention was to be able to identify and assess warning signs so “that when faced with a situation, we would be able to better recognize that and direct concerns.” He indicated that SAT teams met at grade level and that they discussed concerns about students only in that grade. The process was to start alphabetically and go down the list of names with approximately nine seventh grade teachers. When there was a concern about a student, he indicated that his first response would be to go to the project school coordinator (assistant principal) with all the information about that student, and let the school coordinator follow-up with the referral, contacting parents (if necessary) and speaking to the student.

Project Components

Protocols. As stated previously, this school did not have any written protocols specific to suicide prevention and intervention outside of their school crisis plan, prior to par-

ticipation in this project. Post-implementation, a nine-page suicide intervention protocol had been developed, with outside technical assistance provided by the state level project management team. This protocol included guidelines for risk situations, procedures for assisting students during a crisis, procedures for suicide attempts off-campus, and for transitioning youth back into the school after an extended absence. The protocol did not include a plan for postvention, nor were specific staff members or gatekeepers named as contacts.

The school coordinator indicated that every teacher had received a copy of these protocols and that the protocols are “required to be on their desk and to be in their substitute handbook, too.” He stated that new staff members also receive a copy of the protocols. To date, the protocols have not been used in the event of a student death by suicide.

Lifelines lessons. These lessons are typically integrated into a health course at the high school level. Aligned with Maine Learning Results, they are perceived as teaching health-related knowledge and skills that youth are required to have in order to gain their credit toward graduation. School interviewees disclosed that the current 9th grade health teacher was not receptive to implementing the lessons in his course. The health teacher at the middle school (this school is configured as a 7-12 school) took the training and implemented the lessons in her 8th grade classroom.

When asked about the overall perception of the Lifelines lessons through a series of questions, she responded that the Lifelines lessons did not add to her teaching load, but rather integrated easily into the existing school health course. This instructor believed that Lifelines was a much needed addition to the curriculum in this school. She stated, “I think it is important that it is taught because of the situation the kids are in here at the school. This goes along with everything else I’m teaching; it’s just such high-risk kids here.” When asked if she changed or modified any of the Lifelines lessons, she said that she might add a “news or magazine article” to the lesson to add a level of relevance to her students’ experience. Otherwise, she taught the written curriculum with fidelity. Student engagement, she stated, is sometimes tentative, and that some classes are “a little more receptive than others” to role-playing or lessons than others. The most important lesson she believed that her students were taking from the curriculum, was a higher level of awareness of warning signs in their peer group.

Student Assistance Team (SAT). Establishing a SAT was required of schools participating in the SAMHSA project. As a team, teachers and administrators were to meet on a regular basis to help identify and refer youth at risk for not only academic failure, but also for mental health and suicide risk if concern was raised by either a staff member or as indicated on the data tickler system in each school.

When asked about the SAT process in this school, the project coordinator did not state at what level the SAT met, but did indicate that the SAT team was “under construction” at the high school level. Other staff members who worked exclusively with high school students stated that the SAT team process was never implemented at the high school level during the grant cycle, but they were hoping to start one in the coming year. A follow-up call to the guidance counselor disclosed that, as of January 2009, this school had not progressed in setting up or implementing this team. One gatekeeper stated that even the “Student Focus Teams,” which served to provide similar services to youth and had been meeting prior to MYSPP implementation, had been disbanded. Other interviewees in this school, including the guidance counselor and social worker confirmed that there was no SAT team at the high school.

Data tickler system. The data tickler system was designed to work in conjunction with the SAT for use in identification and referral of youth at potential risk of failure or mental health concerns. This school coordinator believed that the data tickler system “worked great last year;” however, further questions revealed that the system needed to be “updated” to include other variables that would indicate a student might be at-risk. He felt that some “identifiers” such as “detentions, suspensions, grades, teacher references, those kinds of things” had not been input and that “they are getting to the point in the school year where those things usually start to kick in.” In this school, interviewees indicated that one of the central office secretaries entered the data into this system. When asked if he felt this system was helpful, the school coordinator believed that “as a disciplinarian in the building, suspension and detention information is helpful.”

The social worker (Gatekeeper #1) also believed that the data tickler system was helpful as a supplement to weekly staff meetings that occurred in prior school years. She stated:

It was just a great tool for us to sit down and share information about students that we needed to...I mean having those weekly sessions was a great follow-up for me to let people know what was going on and getting information about kids. We haven't met yet this school year – that really needs to happen.

The high school guidance counselor was aware of the data tickler system, but believed that it “had got off to a rough start” with technical difficulties at the onset of implementation. The guidance counselor also indicated that the data entered from a previous year was deleted, and that she had informed the project school coordinator, but that she didn't know if any follow-up was done on this system. She indicated that they “started” to use it in a previous year, but that they hadn't yet accessed this system as of the date of the interview. When the SAT interviewee was asked about the data tickler system, he indicated that he didn't know what it was, and that it was not used as part of their SAT process.

Training. An integral piece of implementation of the MYSPP program was staff training in suicide awareness and in identification and referral. The school coordinator was asked to provide training information to key players in the project, and to help coordinate on-site suicide awareness training for all school personnel. The following trainings and staff perceptions of the effectiveness and function of those trainings are bulleted below:

- *Gatekeeper.* Gatekeeper training was among the components of the program that was considered a valuable asset to this project. At this school, 10 staff members attended a formal Gatekeeper training as provided by the MYSPP. Gatekeeper #1 stated that while she was trained in suicide prevention through her licensure as a LCSW, the Gatekeeper training provided by the project “validated” her feeling that “there is only so much we can do” and gave her permission to “let go.” She stated that she liked the format and the handouts. She noted that she followed up her training with the Train-the-Trainer program, also provided by the MYSPP grant. The high school guidance counselor, who also volunteered to interviewed, believed that Gatekeeper training helped her be more aware of warning signs and helped her in responding to youth. Stated the SAT member, “[I]t kind of brought the ‘realness’ of suicide back...it taught me about being able to ask the question and feeling comfortable if someone, an educator, or someone asked that question...I just never had that training before.”
- *Staff awareness.* Staff Awareness training was provided on-site by the crisis coordinator and the seventh grade Lifelines teacher to all teaching staff members, bus drivers and kitchen staff members. The school coordinator indicated that the school has hired one new staff member since the project started, and he would assign the health teacher to “train him individually.” He stated that new staff members would be trained either one-on-one or as an “overview” if there were more than two or three

new staff members at the beginning of the school year. The guidance counselor (Gatekeeper #2) indicated that she didn't remember any staff training since the project began.

- *Lifelines*. Only the middle school health teacher received the Lifelines training. She hoped to teach the lessons at the 9th grade level in the following school year (2009-2010). She believed that the training helped her to be more comfortable teaching the lessons. As a younger teacher, she thought being trained in Lifelines gave her some reassurance that she was "doing it right."
- *SAT*. The school coordinator indicated that Student Assistance Team (SAT) training was attended by several team members and he said that it was "a real boost to the confidence level of how to deal with such adult situations." He also stated that the training impacted the staff in "a very positive way" in that the SAT team leaders were key people and acted as "coaches" for other staff members. He also explained that one of the key team members, though she took the training, declined to be on the SAT team because she was "uncomfortable" in that role. He believed, "[S]he just wanted the training to help the kids...but the minute there is an intervention for suicide prevention, she just backs off and lets us do it because she is just not ready."

Perceptions of the Role of School in Suicide Prevention

Many of the interviewees were asked what they believed was the overall role of the school in suicide prevention and intervention. Perspectives ranged from the school being a viable resource for students so that they receive the most accurate information on suicide, to the school being the first responder in a crisis situation. The school coordinator believed that the school is the "centerpiece of any community" and in particular when it's in a rural setting. He believed that the school has a responsibility to maintain the "well-being" of the children who attend. The gatekeepers stated that school is a place that is often the first responder. Gatekeeper #1 felt that the school had a responsibility to act as the "social service agency" in the community. She stated, "We have these children more often during the week than maybe parents might see them and I think we have a unique opportunity to be able to identify changes in students and what-not that may not be evident in a home setting." The guidance counselor agreed, she said, "I think a school, as a whole...should be equipped and prepared and...everybody in the school know what to do in an instant that there is a possible suicidal student."

Challenges in Identifying and Supporting Students At-Risk

When asked what were some of the challenges in identifying students, the school coordinator stated that some of the faculty were still nervous or “don’t want to deal with it.” Another challenge, he believed, was that there may be a “delay” in when they receive concerns about a student because of student-to-student communication, rather than student-to-adult. He believed at this school, “the boundary between adult and student is always going to be a problem, no matter what you do, simply because kids talk to kids more than they talk to adults.”

One challenge in identifying and supporting youth, the school social worker felt, was that there may be difference in the determination of the level of risk assessed. She believed that there were rare circumstances where she needed to re-assess a decision and try to connect the student with a more intensive level of services. This, she stated, she “didn’t like to do” but that there were “times when that’s non-negotiable.” There were other students, she believed, who did not “exhibit those externalizing factors” which presented a challenge in that such youth might be missed.

Another challenge for the high school guidance counselor was the abundance of “needy students” at this school. She believed that “there were so many dysfunctional families” and kids who needed special services, that the lack of grade level or SAT team meetings at this school made it easier for students to “fall through the cracks and not say anything to anybody.”

Communication and Connections

Staff-to-staff relationships. There was little discussion about staff-to-staff relationships at this school. At the onset of implementation, the conflict with the administrators and a single social worker who seemed to absorb the majority of referrals of youth was underscored in the interviews. While high school staff members were not opposed to making referrals to the guidance counselors or more often their social worker, (when deemed necessary) there was a distinct sense of disconnectedness among staff and components of the project. Other observations were that the implementation of the project, typically implemented at the high school, spanned grades 7-12. While the staff was trained across these grade lev-

els, the faculty did not have a personal connection with each other across schools and often didn't know what each other was doing regarding implementation of the project or with suicide prevention efforts in general.

Staff-to-student relationships. The interviewees at this school believed that students were most apt to talk with other students before they would seek adult help. However, youth would also go to adults with concerns about each other. Stated Gatekeeper #2, "more often it is student-to-student and then the concerned student will come to me and tell me. But I have students who are pretty open and will come and tell me how they are feeling."

The social worker (Gatekeeper #1), the SAT team member, and the Lifelines instructor were actively involved with students outside of the academic school day. They stated that they also attended extra-curricular activities, were active volunteer faculty for different after-school groups, and that the Lifelines instructor and the SAT team member were school coaches for intramural and school sports teams. These interviewees believed that engaging in such activities enhanced connections with their students and offered youth an added benefit of having staff accessible in a non-academic setting. Having fostered connections in this way, it was easier to follow up with students about whom a concern might have been raised.

Relationship with crisis agency. The school coordinator believed that there was "almost no working relationship up until the project" with the crisis response agency. In spite of staff changes at the agency and his own inability to attend all of the meetings, he believed, the working relationship was "much better" after implementation of the project. The Lifelines instructor developed her relationship with the crisis coordinator for training and educating staff and students. She stated that the coordinator "helped me out a lot. If I needed something or some updated information, she's really good about that, it's kind of nice to have that."

Relationship with community agencies. An important objective of this grant was to provide the schools and the community with more resources from which to draw in the event a student was at risk for suicide. The school coordinator believed that these relationships were primarily with the emergency medical technicians and the family practice doctors, as well as the regional hospital. He stated that they see each other "fairly often" and that since the grant there is an "openness to talk to each other about different things." He stated:

Since we have gotten the grant, the meetings are usually a little larger, so that gives us an opportunity, and usually through those meetings, we do address things and whether it is [names agency]...they also come and partake and offer assistance...then we get together we cover all the bases, we don't just talk about suicide, or that kind of stuff.

He stated later in his interview that he believed the social worker for this school was instrumental in maintaining contact with community agencies when there was a concern, and that this was due in part because she was a "well-respected member of our staff and community." This acknowledgement was corroborated by the gatekeeper and guidance counselor.

Relationship with parents. Relationships with parents regarding suicide at this school were often limited to parental "need to know." The school coordinator stated that there were opportunities for parents to be involved. She stated parents were called, primarily, only in a crisis, and even then, only if it is determined that that they will not "escalate the problem." Once parents are "in the system" efforts were made to continually and regularly check in with them "as long as they are still in the area."

The perception of the relationships with parents presented by the school coordinator was not supported by their social worker who was also a Gatekeeper. She felt she was very connected to the community and families within the community. However, she believed there was a margin in which some families within the district were very "closed to outside intervention or systems" and it has taken her "many years to...infiltrate that kind of thing."

The Lifelines instructor corroborates these findings. She stated that, in teaching suicide prevention and intervention, it was often more detrimental than helpful to send out information to parents. She perceived that there would be a "backlash" that could create more "questioning" than one might typically encounter. The fact that the lessons had been aligned with Maine Learning Results, she felt, was enough validation that extra attention to parental consent was not necessary. She did state that she was forthcoming in providing information to parents at a Parent Night or if parents asked for it. Other information on youth suicide was not distributed to parents on a regular basis at this school.

Project Implementation Supports and Challenges

Supports. School administrative support has been touted as key in implementation of this project. The school coordinator also believed that staff support was instrumental in help-

ing maintain and implement this project. The financial support was considered most beneficial as, “the teachers felt they were being shown a little appreciation for taking extra time and doing this.”

Challenges. This school experienced several challenges in implementing the project with fidelity. One major barrier in implementation was described by one interviewee as a “political mess” between administrators at the high school. Conflicts and “friction” between two administrators at the onset of implementation of the program was, she believed, a direct cause of non-fidelity to implementation. Stated this interviewee:

[W]e had this wonderful, excited group...who were involved and committed to this program and wanted to do great and then I thought we were doing wonderful...and then ran up against a couple of administrators who just threw this major barrier and it was so discouraging and some of the group disbanded...We had Student Focus Teams and they were trying forever unsuccessfully to get the SAT process up to kids level to work, that that’s just not still happening – which just drives me crazy...I don’t think it was the program, I think it was more external things happening between administrators and it unfortunately happened to play itself out.

One Gatekeeper for the project believed that not only was there a community stigma around mental health, but also there was a residual aftermath effect of the death of an 8th grade student “some years ago”. This Gatekeeper believed (having received the training) the student “had given lots of signs to lots of different people and when they put it all together it was like, how could we miss that?” This event, she believed, left staff at the school who “even today, struggle with feelings of guilt.” This residual effect carried over to a veteran staff member who might have been responsible for teaching the Lifelines Lessons at the 9th grade level. However, it was determined that it wouldn’t be a “good idea” for him to teach it.

Changes in Identification, Referral and Student Supports

The school coordinator believed that he had seen changes after the implementation of the project and the school was “better prepared” to deal with suicide than they were in the past. The social worker believed that the system that was in place “doesn’t really work.” She stated that referrals were supposed to go to one of the two guidance counselors for risk assessment. The next step would be to determine the level of risk and then to call for a consultation or crisis if needed. She stated that this was not what happens but that “kids self re-

fer a lot” and that her job had “changed” because she didn’t have the availability to meet with kids as she used to. The guidance counselor agreed that while she thought there was more awareness among staff because of guidelines in place, there was not enough support in place to effectively identify all youth who were at risk for academic failure or mental health concerns.

Changes in Student Awareness

The high school guidance counselor believed that there were changes in student awareness at the 8th grade level due to the implementation of the Lifelines Lessons. She stated that they “know they can come to somebody.” The Lifelines instructor also saw changes in student awareness. She stated:

I think it is just opening up their ears, you know, being more aware. I think that is important, sometimes I say, turn your listening ears on because sometimes when kids will sit at the cafeteria tables...is when I have had more kids come to me and say, ‘one of my friends said that they just don’t care anymore, but then they didn’t say anything else, and they look sad. Will you talk to them?’

She believed that the Lifelines Lessons gave students a vocabulary to voice their concerns, as well as meeting the objectives of increasing knowledge and skills in being able to identify peers at potential risk.

Overall School Challenges

The interviewees were asked what they perceived as challenges this school faced as a school community. The interviewees believed that there were persistent community perceptions that outside interventions were unnecessary and that stigma was still attached to mental health issues. The school coordinator stated that this was a “society problem.” This challenge, he said, was a little stronger in this community:

I do think that maybe it is a little stronger in this community because of some of the socio-economic factors, that whether right or wrong, we are viewed in that category, simply because of our communities and the dynamics in our communities. Right or wrong, that is just...the facts that we have to deal with.

Project Benefits. According to this school coordinator, one of the benefits of implementing this project in the school was that it provided an avenue in talking with community

service agencies. He stated that this “openness” has given them opportunities to talk with each other about issues in the community:

I think that since we have started this grant there has been more openness to talk to each other about different things, so of the people that work at [names agency] or [names agency] and [names agency], when we see each other now, which is fairly often, we never hesitate to talk shop, see how things are going, if there is anything going on, pretty open.

Sustainability

The school coordinator believed that this project would be easily sustained beyond the funding period. The components, bulleted below, he believed would be maintained were:

- Protocols
- Staff Awareness training
- Data tickler system (with modifications so that it can be tied into the school website)
- Relationships with crisis and community agencies
- Lifelines lessons with efforts to integrate this into a 9th grade Health course

Components that would be more difficult to sustain were the trainings for which the school would have to find funds. This included Gatekeeper training, training for trainers and Lifelines teacher training. Stated the school administrator, “With the cutbacks that we are facing, the reality of the situation is, I think it will be more staff awareness, but we have key people in place for that now.”

Recommendations to Other Schools

Interviewees were asked to provide recommendations to others considering implementation of the Lifelines program. Both gatekeepers believed that a more coordinated effort among administration would have made implementation of some components more effective. When asked what recommendations he would give to future project schools, the school coordinator stated:

I think you have to assess first, what are the dynamics [in coordinating prevention] And then you attack the problem....I saw that there were some gaps that I thought needed to be addressed, and I was given some administrative support to at least sup-

port my going and looking and then I came back and here is what I can do, here is what we need to think about.

When asked about recommendations for other schools that were considering implementation, the school social worker commented:

The economic crisis as a whole is going to have a great impact on the children and families we serve. It's going to intensify the at-risk student population that we already have. For me, I just think any school system should absolutely go through the program. It doesn't really require a lot, it's just organizing and getting that training—I think all the staff should have that training.

The Lifelines instructor believed that the lessons were comprehensive and easily administered. Her advice was that if teachers were comfortable, they should consider Lifelines as an addition to their health curriculum.

Summary

The baseline for this school showed that there were no protocols and/or procedures in place for responding to high school students who showed warning signs and/or potential risk for suicide. After implementation, a limited written protocol outlining procedures and guidelines was in place with staff receiving these draft protocols in the form of a booklet. The protocols did not list Gatekeepers by name or contact number. There were no protocols in place for postvention procedures in the event of a death by suicide.

Staff Awareness training included bus drivers and kitchen staff members through a school-wide training by the crisis coordinator and the middle school health teacher. Other training included formal Gatekeeper training, some teacher orientation for new teachers, SAT training for teachers and school personnel who volunteered to be on the SAT team, and Lifelines training for the middle-school health/ physical education teacher.

Limited project components were in place at evaluation, indicating that this school struggled with implementation. There was no SAT team at the high school level; however, staff members met at the middle school level in grade level teams. A referral or concern would typically be reported to the project coordinator and not to guidance or the school social worker. Lifelines was taught as part of the 8th grade health curriculum because of teacher reluctance to implement the lessons into the 9th grade health course. Plans were in place for the 8th grade health teacher to take over the 9th grade class the following school

year. As well, the data tickler system, which seemed to be working one year, was not in place the following year due to technical difficulties and delays in entering data. The school coordinator stated he used the data tickler system as a way to identify potential behavior issues (detentions, attendance, etc.) but did not mention that he used this database specifically to identify youth at potential risk for suicide or mental health issues.

This school LCSW is recognized by the interviewees as the most active staff member in identification and referral of students to outside support services, both prior to and after implementation. She had established ties to the community and emerged as the “go-to” person when concerns were raised or crisis indicated. She was responsible for achieving positive relationships with community service agencies and the regional crisis agency, students, parents, and families in the community.

N2 High School Case Study

Setting

This project school is located in central Maine. It serves five surrounding towns with two towns that pay tuition for high school education. This school has a student body enrollment of 301, with a teaching staff of 19. The average household median income for this school is \$27,120. Fifty-five percent of the students here qualify for free or reduced lunch. It does not house a school-based health center nor provide mental health services. This school has one school nurse who is employed by the district for all the schools, and is at the high school one hour per day. There is no social worker and one guidance counselor with an administrative assistant for this high school.

Baseline Information

At this school, the coordinator was the high school guidance counselor. This school had not formally addressed suicide prevention and intervention at the onset of this program; however, recent parental suicide events, more so than events with youth, were an impetus to engage in this project to better serve their student body. The school coordinator stated that the community did have a student “a couple of years ago” who died by suicide; however, she stated, the youth was home-schooled and the impact on youth at their school was not as widespread as if he had been attending school on a daily basis.

Prior to implementation of the Maine Youth Suicide Prevention Project (MYSPP), written protocols regarding youth suicidal events (including ideation, attempt, and postvention guidelines) were not in place. The school coordinator stated that the school had a general "emergency plan" that addressed crisis situations but that this plan was not specific to youth suicide. Crisis plans also included a school-based crisis team which would meet as needed in the event of a student death. This plan, already in place, included a prepared announcement that would be read to students and a prepared "memo" for the teachers if the student who died is identified as a "close friend." There were no written guidelines for transitioning a student back to school from an extended absence due to a mental health hospitalization or correctional facility placement.

According to the coordinator, teaching and administrative staff members had no previous training in suicide awareness. Those staff members would likely go to the coordinator, the school nurse, or the assistant principal if such a concern should arise. Also, the relatively small size of the school (under 300 students) allowed for ease in staff communication and, according to the coordinator, "Everything that happens, that core group of people knows about it." She explained that small-school factors were instrumental in their pre-project referral process.

This school was unique in that the school coordinator was also a part-time crisis provider at the crisis service agency that served this school. The coordinator indicated that she had a working relationship with the local crisis provider and that the school had a written agreement with the agency, but that it needed to be updated. Also, the crisis provider would not come to the school unless there was an on-site emergency. The school coordinator indicated that in a past event, the crisis provider met the student at the hospital after an ambulance had been called to respond to the student's drug overdose. There were no other contracts with other community agencies or mental health services that were connected with the school, except for occasional informational presentations. This school coordinator also indicated that the lack of available resources, and then accessibility to those resources once a referral had been made, was one of the challenges for this area in supporting youth at risk of suicide.

Identification of students and referrals for mental health services prior to implementation of the project, were primarily through this school's Student Assistance Team (SAT) or

by the guidance counselor, who in this case, was the school coordinator. Stated the coordinator:

We actually make a plan for the students, and they're very individualized, so it really depends on the child as to, but we'll get as creative as we can, and as creative as the parents will allow us to be, you know, we have a lot of modified programs for kids. I've had kids who've been able to leave the classroom to come in here if they need a time out space or I've had them do check-ins with me at the end of the day so that we can go over their plan and see how it's working and if we need to change it.

This school has no social worker and one school nurse for the district who is on-site every day for one hour. The primary responsibility for referrals to outside sources was that of the guidance counselor.

Post Project Information - Roles of Key Staff

Digital post-project interviews were conducted with five staff members who were key players in the MYSPP implementation piece. The project roles, the positions they held in their school, their responsibilities in these roles as an integral piece of the implementation and sustainability, and perceptions that these roles played in their suicide prevention and intervention efforts, are described in the sections below.

Project school coordinator. In this school, the project coordinator was the high school guidance counselor. This role required direct contact with the MYSPP Project Coordinator at Medical Care Development (MCD), Project Evaluators at the Center for Research and Evaluation, and the project coordinator at the local crisis service agency.

The school coordinator was responsible for overseeing implementation of the Lifelines model in the school and stated that these responsibilities included: keeping up with development of and updating the suicide prevention intervention protocols, submitting event reports, tracking student suicide risk referrals, providing staff suicide awareness training, and informing the staff of training opportunities. She also maintained a close relationship with the assistant principal. She stated, "He does all of the attendance piece, so if there is a kid that's not attending, I know it because he's coming to me talking about it."

As the only guidance counselor in a school with no social worker and only a part-time school nurse, her job responsibilities also included being available and accessible to staff members and students if there were a concern regarding suicide risk. She stated:

Pretty much all the referrals (even though we have Gatekeepers and the system is set up so that people can talk to Gatekeepers) pretty much everyone comes to me. And so then I either assess the situation and take care of it here or make referrals out if it rises to that level, [I] contact outside providers, parents, that sort of thing.

Her role as "go to" person was corroborated by the other interviewees who also stated that in the event of a suicidal concern, she would be the first contact person as part of the school protocol in identification and referral of students.

School administrator. Administrator roles varied in project schools. They typically offered support to their staff and personnel and could be either actively or indirectly involved in implementation of the project. In this high school, the principal was interviewed as the project school administrator. His duties included providing leadership and supervising a teaching and support staff of approximately 40 employees. This principal deferred to the guidance counselor/school coordinator when he had questions or concerns about students at risk for suicide. He stated his role in the project was:

...working directly with the guidance counselor. I often gain my cues from her, from [school coordinator]. Being a helper, kind of service-oriented, being a facilitator ...We might have several different grant efforts or projects, you know, at various phases, so we meet together administratively, you know, what's going on with this, how are we doing with that, those, you know, help facilitate those types of meetings.

He believed that this school was ready and prepared in the event of a crisis or a student death by suicide. He believed they had a holistic approach, with an inclusive school culture and that multiple efforts, from academic support to intervention and prevention, were in place to help students with issues that may have been more pronounced due to the low socio-economic region in which they attend school.

Gatekeeper. Although there were other staff members who volunteered to attend the Gatekeeper training as provided by the MYSPP staff, the Special Education teacher also volunteered to be interviewed regarding the role she played as a trained Gatekeeper in the high school. She stated that her role in the school was to work with students with special needs that "range from low academics to interpersonal skill problems and behavioral problems." This faculty member reported that though she was also responsible for a small advisory group, rarely did students approach her as a Gatekeeper in the event of suicidal ideation or concern about suicide for another student. When asked how often students came to her as a Gatekeeper, she said, "They don't usually come to me. They usually go to [names guid-

ance counselor]. Number one she is the Gatekeeper, she is the guidance counselor, she is the one that has a real positive relationship with parents, usually, and she is in that area of expertise." She did state, however, that her Gatekeeper training helped her to identify and refer students to the guidance counselor when she believed that changes in student behavior warranted such a referral. When referencing one such incident she stated, "With this particular one, it was his attitude, his behavior, he was starting to do small things that showed hurting himself, and just little different signs that were different for this person." She also had been an initial contact for other teachers who were concerned about a particular student.

Lifelines instructor. The Lifelines instructor for this school is the health and physical education teacher for grades K-12. He describes his role in suicide prevention at this school as the "first line of education."

SAT member. This interviewee was also a science teacher. Besides his teaching duties, he described that he met with SAT only on an "as needed" basis. This team had a high staff turnover and, at the time of interview, had never completely been integrated fully as a component.

Project Components

Protocols. This school started this project without any written protocols specific to suicide prevention and intervention outside of their school crisis plan. However, upon completion of the project, they had developed a 27-page set of guidelines that included a rationale for suicide specific protocols as part of their Crisis Response Plan, guidelines for appropriate intervention at different levels of risk, procedures for assisting students, postvention procedures, a transition/ re-entry plan for students returning to school from either a suicidal event or an extended absence, forms for referrals, and prepared announcements in the event of a student death by suicide.

The school coordinator indicated that every teacher had received a copy of these protocols and that the protocols would be given to new teachers as part of their orientation. She reported that the protocols, developed in 2006, had not been updated and that some of the listed Gatekeepers had changed.

To date, these suicide protocols have not been used in a crisis situation, such as a student death by suicide. Interviewees indicated that they had the protocols, but they did not

indicate that they used them as part of the referral process. Rather, the staff-to-staff connection would be their first step in referring students and the first contact would be the guidance counselor. This, they indicated, had not changed since project implementation

Lifelines lessons. The Lifelines Lessons, a component typically integrated into a Health curriculum for first year high school students, helps youth become aware of risk and warning signs in self, peers or family members and encourages seeking help from an adult. The health teacher for this school attended the Lifelines training and reported that he implemented this curriculum with 90-95% fidelity. He eliminated some of the role plays, but did not add any new material. He felt that using a VHS format for a video piece is outdated and he would like a more current digital format. When asked if he believed that this curriculum meets its goals of increasing student knowledge, attitudes, and skills towards identifying suicidal risk in peers, he stated, “I would give it a very good grade as far as that in that, like I said, it’s pretty succinct, it’s pretty clear, it’s...well done. I guess I would have to say the kids that want the opportunity or have any interest of this particular topic, come away with it with what they want.”

Student Assistance Team (SAT). Establishing an SAT was a required component in project schools as part of the SAMHSA grant objectives. As a team, teachers and administrators were to meet on a regular basis to help identify and refer youth at risk for not only academic failure, but also for mental health and suicide prevention issues if concern was raised by either a staff member or indicated on the data tickler system in each school.

This school had a previously established SAT that consisted of the high school chemistry teacher, guidance counselor, several teachers and the special education teacher. The principal would attend the SAT meeting if necessary, as well as the school nurse, but they were not regular attending members. One SAT member was interviewed for his perspective on the role and effectiveness of the SAT in identification and referral of youth who showed warning signs for mental health or suicidal events, as well as the role and effectiveness of the data tickler system. However, other interviewees who were also involved in the SAT process were asked to provide their perceptions of this process as well.

The SAT member believed that this process was helpful in identifying youth; however, he explained, the meetings were typically held “as needed.” The team preferred instead to communicate with each other through a secured email folder. He believed, at date of in-

interview, that the team, because of the upcoming holiday season, was “overloaded.” He stated:

We are trying to deal with a lot of conflict that seems to manifest. We are approaching the holiday season, which as you well know, is not really a happy season for a lot of kids. We just see dramatic drops in perhaps grade point average, perhaps withdrawal, perhaps just the opposite.

Corroborated by the school coordinator, he also described the team as having a high staff turnover. The coordinator for the SAT team was a former assistant principal who had left the school. The school coordinator was then responsible for the SAT coordination piece and while she described trying to incorporate this once again into their suicide identification process, it was difficult and the team never really coalesced. However, she was anticipating a more cohesive school SAT in the coming school year.

Data tickler system. The data tickler system was designed to work in conjunction with the SAT for use in identification and referral of youth at potential risk of failure or with mental health concerns. This system did not prove to be effective or efficient in this school. When the SAT member was asked if the team used this database, his response was, “No, but we are aware of it.” He believed that this data base was not “applicable” to the small school culture and that that level of tracking students was not necessary because of the small size of student enrollment. The school administrator also did not use the data tickler system. The only school personnel with a direct connection to the data tickler system was the guidance secretary who entered data but only when asked.

The school coordinator explained that this type of tracking was not effective due to several factors which made such a system unnecessary and “cumbersome.” With a Power-School program already active in this school, she stated that this Excel version of the same data, “takes hours to get all the information into it” and that it “depersonalizes” the work she already does. She stated:

I think for schools that started in this grant and did not have an SAT team in place that it probably worked well because it all came about at the same time so they saw the tickler system as part of the SAT process. We already had an established SAT team, so they didn’t know what this tickler system was about...when I introduced it to them, they were so used to their format of receiving referrals that it was kind of like, yeah, yeah, the data thing, ok, now what was this referral from this teacher? ...they were kind of like, not resistant to it, but the wheels were already turning.

The school coordinator went on to state that the data tickler system, in her estimation, was the least effective piece of project implementation.

Perceptions of the role of school in suicide prevention. Many of the interviewees were asked what role they believed schools play in suicide prevention and intervention. For this school, the relative small enrollment prompted many to say that they are able to identify and “watch” a student for the duration of the years in attendance. Stated the SAT team member, “Everybody becomes aware of them.”

All interviewees believed that staff awareness was key to identifying students. The school coordinator reported that it was the school’s responsibility to educate the staff, but that the school was not solely responsible for providing services:

Educating staff, for one thing, is probably the major piece so they know, they are aware of it and then also the ability to identify kids that are at risk and knowing where to refer them because some of it can handled in the school, but a lot of it really needs more intervention than what the school is able to provide.

The school principal agreed:

Noting those students who are having difficulty and are overwhelmed, whether it’s with school work or with home and trying to find a path to help them become successful because when they are successful, they don’t have the urges to commit suicide usually. I know there are some who are very successful who have done it, but there are other issues outside of school.”

When asked, *What do you see as the role of a school in suicide prevention?* The Lifelines’ instructor also added that it was the school’s responsibility to help support students, but to also make sure that students knew the warning signs in the event that a peer was at risk. He stated, “I think it’s the school’s role to teach kids not only how to use information but how to go find it...but the most important thing is when they leave, they’ve learned where to go if trouble arises.”

Training. An integral piece of implementation of the MYSSP was staff training in suicide awareness and in identification and referral. The school coordinator was asked to provide information on training opportunities to key players in the project, and to help coordinate on-site suicide awareness training for all school personnel. The following trainings and staff perceptions of the effectiveness and function of those trainings are described below.

- *Gatekeeper training.* At this site, 15 staff members attended a formal Gatekeeper training as provided by the MYSSP. This training took place at the onset of project implementation (2005). All staff members interviewed in the post-evaluation with the exception of the school administrator had been to this training. All of them indicated that the training was valuable. According to the SAT member, “I just think that the gatekeeper process has helped us and we are grateful for it and thank you for, you know, for being there and for helping us in the background because it does have its importance. It helps us with the SAT.” The school coordinator felt that this training was the key component in helping the staff feel comfortable dealing with issues of suicide and gave them skills to help identify and refer youth. She stated, “I think people, they are aware of the whole suicide issue, but they don’t know what to do with it. It’s scary to them. They don’t know how to respond to it so that was really the key piece to the gatekeeper, was making them comfortable.”
- *Staff Awareness training.* Staff Awareness training was provided on-site by the local crisis coordinator and the school coordinator to all teaching faculty. The school coordinator indicated that janitorial and kitchen staff members were not in attendance at this training. The coordinator also noted that she was “surprised” at how receptive and appreciative the staff was of the information they received in this training. She stated:

I think one of the key things that they heard in the training was that talking to a student about suicide isn’t going to increase, you know, the likelihood that they are going to be suicidal. I think that relieved a lot of people because I think a lot of times kids give off signals and teachers are concerned, but they don’t want to say, they don’t want to and make like, you know, if like a child is sitting on a fence, they don’t want to push them that way.

Staff training, she indicated would continue as part of an annual orientation at the beginning of the new school year. She also indicated that new staff members would be trained as part of their orientation when they come on board.

- *Lifelines.* Only the health teacher received the Lifelines training. He appreciated being able to go through the curriculum in a day and said that, “it was certainly a valuable and usable day, but more importantly than just that, you sat down with six, eight, ten, I can’t remember, other health teachers” and that the “interaction with other health teachers was good.”
- *SAT.* The SAT team member indicated that there was “good attendance” at the SAT training, but did not discuss the quality or responsiveness to the training of the team. He did comment that Gatekeeper training, which all SAT team members attended, was a benefit to the SAT team process.

Communication and Connections

Staff-to-staff relationships. The relatively small staff size, approximately 40 faculty members in grades 9 through 12, gave the staff opportunities to communicate with each other on a professional and personal level. The SAT team had also implemented an email system of communication that served as a primary source of contact when addressing a concern for a student at potential academic risk or showing other risk factors. The school administrator believed that the culture of the school supported the staff in working together as a “team.”

Staff-to-student relationships. The small school size is credited for “knowing” each student. This had not changed from the baseline interview where it was stated, “We actually know the kids and we care about them.” The SAT team member agreed. He stated about intervention “this is the situation where it is advantageous to personally know the student because you can say look is this average behavior or not? Once again, another advantage of a small school.”

Relationship with crisis agency. The unique relationship that was present in this school (i.e., the school coordinator was also a part-time crisis provider with the same agency) was strengthened as a result of participating in this project. According to the school coordinator:

Overall, I think our working relationship has been very strong, and I usually try to attend the meetings that are called, you know, whenever [crisis provider] e-mails me and says we are going to meet... I try to get that into my book and there have been a couple of times that I couldn't go because of a crisis that came up here, and I just didn't make it.

Both the crisis service provider and the school coordinator believed that meetings were beneficial and that the working relationship was much better, “we know what services are available and when to contact somebody.”

Relationship with community agencies. An important objective of this grant was to provide the schools and the community with more resources from which to draw in the event a student was at risk for suicide. This piece of the program was described as “another happy side effect” by the school coordinator. She believed that having monthly or even quarterly meetings with the community service agencies in their region “brought them all closer” and

described the networking system as much better as a result of developing these relationships with the agencies in their region.

Relationship with parents. Attempts to strengthen relationships with parent(s) regarding the warning signs and risk factors for suicide, a component of this project, was described as “hard.” The school coordinator clarified that it was not just hard to get parental engagement in suicide prevention but that parents were generally reluctant to address mental health issues regarding their children. Information on youth suicide was distributed to local businesses and the MYSPP Information Booklet was made available in the book racks in the guidance office.

Challenges in Identifying and Supporting Students

As in any system, a seamless transition to finding out what works often meets with unforeseen challenges or obstacles. When asked, “What were some of the challenges in identifying students at this school?”, the school coordinator replied that some of the faculty was still nervous about making referrals for fear it could make the situation “worse” or they wouldn’t do “the right thing” themselves. Another challenge they faced was getting parents on board when a student was identified.

Project Implementation Supports and Challenges

Supports. School administrative support was touted as key in implementation of this project. Interviewees also agreed that the trainings in suicide awareness and the receptivity of the staff in recognizing the importance of this project in the school, made implementation an easier “sell.” The Lifelines Lessons, provided by the MYSPP, was easily integrated into the school health curriculum. It was already aligned with state and national learning standards, proving to be an added support which validated the use of this curriculum as contributing to student learning.

Challenges. The amount of work that was required by the school administrator was indicated as a major challenge in implementation. She admitted that some pieces needed more attention than she was able to give (notably, coordination of a more active SAT) in an effort to not only oversee the project, but also to maintain her responsibilities as sole guidance counselor with limited support staff. She stated that as coordinator she was responsible

to answer to multiple contacts and that this was often frustrating, “I think that sometimes as the coordinator I wasn’t able to give it everything that I could have...if I wasn’t trying to do so many other things. That piece, just balancing the responsibilities, was challenging.” She stated that the same staff was “doing so many other things.”

Also, the data tickler system proved to be more “cumbersome” than helpful. An administrative assistant was assigned the job of inputting student data, which, she said, was time consuming and often required extra technical support from the MYSPP project staff.

Changes in Identification, Referral, and Student Supports

The school coordinator believed she had seen changes after the implementation of the project. As guidance counselor, she believed she was receiving more referrals than she had prior to the project. She stated, “What’s different is, I think they send kids to me that they might not have before the project because I think they are better at identifying, you know, something that they might have brushed off before.”

The SAT team member, a science teacher, also believed that staff members had become more aware and that youth were being “watched” during their three year cohort at this high school. She stated, “So once they have been identified as long as they are here in the school, they’ve got people watching out for them...Everybody becomes aware of them.”

Changes in Student Awareness

Since the school implemented the Lifelines lessons as part of their required sophomore health curriculum, the Lifelines teacher believed, as did the school coordinator, that students were more aware of warning signs in peers. The Lifelines teacher stated that youth were aware that they were “not alone, that there is help out there” and that this was “eye-opening” to them. Also, that most students were “reasonably comfortable” coming to the staff with concerns. However, there was no mention of students reporting a concern about another student at this school so it is impossible to say that this finding is supported by evidence other than staff beliefs.

School Challenges

An ongoing challenge for this school has been the availability and accessibility of services. The geographic region and low-socioeconomic status (SES) for many youth in this

school means limited parental support, which affected even transportation to and from service agencies when referrals were made. According to the school coordinator, “I think our challenge would be our ruralness and our accessibility to services, it’s just hard, it’s easy to identify what’s needed, the hard part is finding a resource... and finding the money to pay for these resources.” She believed that the current economic climate would increase these challenges for the school and the community as state funding is cut in both educational and health care systems.

Project Benefits

The interviewees all believed that this project was beneficial and worthwhile. The school coordinator felt that a real benefit of the project was the coordinated implementation of many pieces. She said, “A key benefit of this program is actually putting... all the pieces in together and the other thing we found is that we have a lot of things in place already through our emergency plan, district emergency plan, but this kind of narrowed it down specifically.”

For the school administrator, having the capacity to implement an outside program as part of their suicide prevention efforts, was a much needed benefit that the SAMHSA grant provided to youth in their alternative education program.

Two years in a row, we did a River Rats program. It was an adventure-based kind of therapeutic group...they did canoeing and kayaking and hiking and it was with our at risk population, you know, group of kids that we identified...it’s just a matter of taking a child that’s isolated and connecting them with healthy people so that was what we tried to do...give them activities that are fun and useful and, you know...where they are connected with other people, and being connected with other peers and adults to help problem solve. They don’t have to do it on their own, so we did that and I think it was really good. We did it two years in a row and then I also did a group, therapeutic group, with a licensed therapist, and I was able to pay. We did bill for the kids that had insurance, but for those that couldn’t, we used the money from the grant to pay for that piece and we did that with our population at our alt ed [alternative education] program and was that eight weeks, I think it ran. And that went very well.

The Gatekeeper also agreed that this program was beneficial to the school. “As I said, it helps make more people more aware of the signs and what to do in cases that they’re not sure of. It gives somebody an idea on what to look for, what to do...But, I think the big piece is teachers know what to look for.”

Sustainability

The school coordinator and school administrator both believed that many components of the project would be easy to sustain after the grant ended. According to the coordinator, it would not be a problem to continue with Staff Awareness training, the Lifelines Lessons, relationships with community agencies and crisis providers as well as the SAT. She did not foresee being able to support formal training, such as Gatekeeper, unless budgets change. When asked, *Do you see your suicide prevention efforts being sustainable, financially and administratively?* The principal responded, “Sure, I think so...it’s approach and it’s ideology, and it’s just ways of thinking about kids, using things that you have learned.”

Recommendations to Other Schools

Interviewees were asked what they might advise other schools that were interested in becoming project schools. The school coordinator responded, “I think its worthwhile doing because of establishing the protocol and the training. You know, I think that just would help any group.” Others stated, “Administration has to buy into it.” The Lifelines instructor said, “You know, the first time you did it [taught Lifelines] it was kind of uncomfortable for me, but this made it, you know, this made it two and three steps even more comfortable as far as knowing what you are saying and what you’re doing.” All interviewees, as stated previously, saw more benefits than challenges in implementing this program in their school.

Summary

The baseline interview for this school showed limited policy and procedures in place for students who showed warning signs and/or potential risk for suicide. After implementation of the Lifelines program, a written protocol outlining procedures and guidelines was in place. Increased staff awareness occurred with trainings which included formal Gatekeeper training, all-school staff training, teacher orientation for new teachers, SAT training for teachers and school personnel who volunteered to be on this team, and Lifelines training for the sophomore Health teacher. The school guidance counselor had also developed and strengthened relationships with community service agencies and the regional crisis agency.

No incidents related to suicide occurred in this school since the project was implemented. Some staff members believed that was because of small school size and that it was easier to identify and “watch” their students in the event that there was a concern. All staff members, including the school principal, believed that most components of the project would be easy to sustain with little financial support. The component that will not be pursued further will be the data tickler system, which proved “cumbersome” and unnecessary in a school this small.

Coastal Region *Crisis Agency Summary*

Services and Role in Suicide Prevention

The agency provides many different clinical services, including psychiatry, outpatient therapy, children’s services, case management, intensive family home services, and residential group homes, in addition to the crisis team, which includes the mobile crisis team.

As the crisis provider for this area, this agency was directly involved with the response to four suicides that occurred during the grant period. They did debriefings at the schools and in community settings, worked with the school district and specifically with guidance counselors.

Due to her involvement in the project, the coordinator had become known locally as the crisis representative who had expertise in suicide prevention. This coordinator was contacted by several schools for help when a student from one of the project schools died by suicide. She was recognized by members of the community when she attended the funeral, and was able to provide information on grief counseling, handing out written information to those who requested it.

Benefits and Changes

The coordinator reported having changed some of the agency’s protocols during the grant period, emphasizing the need to finish work on the response protocols. She felt that their thinking was informed by participation in the grant, highlighting the need to revise their handbook and make it easier to access information specific to suicide prevention, inter-

vention, and in particular postvention. Prior to the grant, their handbook had nothing on postvention.

Networking, getting to know the school and community staff members, and becoming known by them, was considered one of the biggest benefits of the project.

I know so many more people in our sort of broader network, you know, resource network now that, you know, I can call and say oh do you remember I came and talked with you about youth suicide prevention and, you know, that sort of opens the door for communication even in my capacity as a crisis worker.

She was a known, familiar resource in the community, following a youth suicide:

When I was at the viewing hours for one of the young people who died by suicide and I didn't have to like wear a sign that said youth suicide prevention coordinator, come get resources here. People knew me and sought me out and asked for it privately and I thought that that was real evidence of the networking working.

Though the family had not contacted the mental health agency, they did seek out the project coordinator at the wake to ask for information on helping resources. She was able to provide them with information packets, in which she highlighted names of support groups and agencies, among others.

The coordinator spoke about her learning as:

I was scheduled to work youth suicide prevention, but one of the things I have learned is that there is an awful lot of overlap (between crisis and youth suicide) and I think that that's a good thing. I think that was the intention of the grant is to get people trained such that they really feel comfortable because for some reason this is a little bit different from the type of crisis work that we usually do and I don't see it as using very different skills.

Relationship with Schools

In the opinion of the coordinator, her agency's involvement in the project unquestionably strengthened relationships between the crisis team and the two project schools in the area.

We value them calling us and that they feel heard and responded to so I think it probably has gone a long way just in terms of, you know, encouraging that trust and that communication and I feel personally that we have really strengthened our relationship in the other direction as well with the two schools because we now know the guidance counselors quite well. We know the person who was the coordinator at the school who was often the health teacher, so I think it strengthened it both from the school's perspective and certainly from our perspective. When I first started working

on this project, one of the things that they said was that their perception was that personnel in the crisis team seemed to turn over fairly frequently, which in actuality is actually not true.

When there was a suicide at one of these schools during the summer, the coordinator had contact with one of the guidance counselors who felt that there must be a community response. They had “a lot of back and forth” and the coordinator provided a very large boxful of all the material she could gather from the three years of working on this grant.

At a school that was not part of the grant, this agency was asked to send someone in following a suicide. The interviewee stated:

[W]e decided that I would be the most appropriate person to go because I have the background in suicide prevention and as a crisis clinician and I did go and met, you know, a number of the folks who were involved in it, the school social worker, met the guidance counselor, met the principal and, you know, kind of, I think that they indicated to us that they felt very supported that we sent someone even though they had other adult facilitators present I think that they felt that us moving our crisis schedule around and sending someone was really appreciated.

In another case, she was able to facilitate the rapid organization of a meeting between staff at her agency and providers for a youth in crisis at one of her project schools. Her description of this process is as follows:

We did a crisis assessment of a kid who was a student in one of the two project high schools and the clinician who did the assessment came and consulted me and said, ‘Hey, I know you work with this school and, you know, what do you recommend?’ and I basically said I think you should call this person who I knew was this kid’s guidance counselor and tell them that you had a conversation with me and, you know, let’s set up a meeting and they had a meeting set up with the parent and the guidance counselor and the therapist and the crisis clinician by like the next day so it just sort of streamlines things in a way too.

In the coordinator’s opinion, after participating together in this project for three years, the schools had a much clearer idea of the role of crisis and that they don’t have to wait until something becomes acute to call crisis.

Trainings

During the life of the project, at least ten of the agency’s staff members went to Gatekeeper training and Staff Awareness training was provided to staff in eight different programs throughout this agency.

Relationship with community agencies

The coordinator believed that partner agencies in her area are well aware of the services provided by crisis, as the nature of their own services requires a close and responsive relationship with crisis. Participation in the project did provide an opportunity for the crisis agency to become more intimately familiar with their community partners and what they offer.

I think we have a really, we have a better idea of, for example, if somebody needs this particular service and it's not a service that we offer we are able to call and make a referral to the other agency which probably gets things rolling a bit faster than if they were trying to do it on their own.

At one agency, there was an opportunity to do some work with homeless youth. The coordinator felt these youth gained a much better understanding of how crisis works, and increased their trust in the crisis procedure; whereas a needs assessment study revealed they had thought that a call to crisis would result in involuntary hospitalization.

Challenges

School schedules were mentioned several times as a challenge and a limitation that affected both the ability of the coordinator to facilitate activities as well as the ability of school staff members to be flexible in attending project offerings. She stated,

One of the challenges was that schools are so tightly, teachers and anyone involved in the school, are so tightly scheduled that it is, was, just very, very hard to find time that they were available to meet...I think if you are just willing to be flexible and to roll with it that, I mean everything happened – it just there was a frustration that it couldn't happen quickly.

Once she became a crisis worker, this coordinator found it far more difficult to give project relationships the time and attention they needed:

In your capacity as crisis clinician you don't have the time to be able to do that because you are so very rarely sitting at a desk with a phone. [Before that] I was able to get back to both of the schools that day if they had a question or a concern, which honestly now that I am working as a crisis clinician is not always possible because you don't have control of your schedule.

As mentioned above, there was a suicide death at one of the project schools during the summer when schools were not in session. The crisis agency made arrangements to provide support to classmates, but were not able to obtain permission to use the school for this

purpose. After going through this experience (response to a youth suicide during the summer months) the crisis coordinator feels strongly that the schools must incorporate into their protocol how they would respond to a suicide should one occur in the summer.

Sustainability

Finding the time to work with the schools will be a challenge without the grant support. It takes dedicated time to do the networking piece, which was considered extremely useful.

Community Agencies Summary

In the coastal region of the state, three agencies that provided services in the community were recruited to participate in the project.

- A. This agency is a private, non-profit agency designed to provide an array of family centered services helping young people and their families living in mid-coast Maine. Suicide prevention activities were to be implemented in one particular program. This program, designed for homeless youth, provides goal-directed case management and outreach services designed to secure appropriate living situations and to maintain or to establish school attendance for homeless, locked out, and runaway youth. At the beginning of the project, services included a shelter and drop-in program.
- B. Comprehensive mental health services are offered by this agency in communities across the entire state. Services are available to address emotional issues, major mental illnesses, substance abuse disorders and educational disabilities. Outpatient therapy and medication management are provided through a statewide network of affiliated clinicians, school-based practitioners and a state-of-the-art office-based practice in the mid-coast region.
- C. Services are provided to battered women and their children, families, friends and communities in three mid-coast counties. These services include a 24-hour crisis intervention hotline, emergency shelter, court and systems advocacy, legal information and referrals, support groups for survivors, prevention groups and outreach programs in schools, and community education and response trainings.

Baseline Information

The teen shelter at Agency D had space for sixteen youth, and they were seeing twenty to twenty five during the day at the drop-in center. The intention was to target the shelter and drop-in program as that was where they had the most frequent interactions with

youth. However, outreach and case management staff members were to be trained as well. Through outreach and case management, the staff was in frequent contact with schools and that relationship was described as “a good relationship with the local schools in general.” A teacher from the alternative education program was at their drop-in center every day from 7:30 to 2:30, providing another important link to the local schools. They also had an agreement in place for making referrals:

We have a service agreement in regards to them providing us with education and in regards to how to make referrals, us to them and them to us. If that is what that is, yes. In regards to suicide we don't, but in regards to an ongoing relationship working together, we have that.

When asked how staff members would respond to a youth whom they believed might be at risk of suicide, the interviewee replied:

What we tend to do is call Crisis if you are aware of a youth having suicidal thoughts, if there is anything we are concerned about, we are not a mental health facility. I'm a social worker but not all of the staff are qualified as social workers, so we call the Crisis Unit at Mid-Coast Mental Health when we have the slightest concern.

Though he had not experienced any youth suicides in the program since he had been there, suicide attempts were not uncommon among youth in the program. Youth who had attempted suicide while in the agency's program, (that he was aware of) were not attending school at the time of the attempt so there had been no school involvement. However, in most cases, the school worked closely with the care provider and members of the child's identified support network. In order to do this, he stated that they were well connected to community services through service agreements with people in the community. He clarified:

We do have service agreements with a lot of people in the community, like [Agency F], the hospital, doctor's offices, family planning comes twice a month to the drop in, we have a really good relationship with them and they also have a free clinic once a week where we can send our youth to get a regular physical, because it is hard to get kids with MaineCare in to see a doctor. We have a great relationship with most of our community.

There was a client suicide at Agency E at the beginning of the project. This may have added to the impetus for learning about suicide prevention. Though she could not say whether there was a protocol for suicide prevention or intervention, the interviewee described their procedures and requirements as:

We would refer to the Stabilization Plan. I guess we have processes – we call them Business Rules. I’m sure there are more if I look online. I’m not 100% sure.” “We do have processes around the creation of stabilization plans, so when we think of mental health crisis in general, it could be suicidal, homicidal, making poor decisions, like when someone is psychotic. At risk of hurting self or others is how we think of it. So we create a stabilization plan with every family.

Depending on where the youth is in the crisis, we’ll follow the plan. If it is to the point where we need to have a crisis assessment done, we will call the State Crisis Line. It runs us to [the local crisis agency]; we explain the situation to their mobile crisis workers. Sometimes they come out to the home to do a mental health assessment; sometimes we take the kids to their ER where they are assessed, do they need hospitalization? Do they need a crisis unit stay? Can they go home?

At intake and discharge they would administer the Child and Adolescent Level of Care Utilization System (CALOCUS) and Child & Adolescent Functional Assessment Scale (CAFAS) assessments which are used to determine functional mental health levels as a whole, including risk of self-harm.

Adhering to the Wraparound philosophy², serving children and families required a great deal of collaboration with the families, other community agencies and schools. It was common for families to be involved with more than one provider, often from different agencies, serving different needs and they would all try to work together. Among those agencies were Agency D above and the local crisis agency. Schools were also important and the agency had contracts with several of them to provide school based mental services. They would receive referrals directly from the schools for youth needing mental health treatment, as well as referrals for targeted case management. Another important source of referrals was from physicians.

She felt that most of the staff in the agency had some familiarity with the issue of suicide prevention because of recent suicides in the area and the frequent trainings offered at their own training institute. She was not aware of any existing protocols, but expressed an interest in developing suicide prevention protocols and thought it would be especially useful to see and hear of protocols that had been implemented successfully. She also talked of the

² Wraparound is a term used to describe a process by which service providers agree to collaborate to improve the lives of children, families and adults by creating, enhancing, and accessing a coordinated system of support through a strengths-based, client-driven model. An emphasis is placed on identifying and enhancing the client’s natural and informal supports, or to assist them in finding new informal supports. The client may be defined as an individual or as an entire family. Wraparound is specifically designed to address crisis concerns and keep an individual adult or child in their home and community.

importance of raising awareness and comfort with asking someone if they are suicidal or thinking of killing themselves, rather than the easier, “Are you thinking of hurting yourself?”

Staff members at Agency F, in providing services to victims of domestic violence, would sometimes hear suicide threats, and working in the local schools, had occasionally heard or seen signs that might have indicated suicide risk. She was looking forward to raising awareness among staff members through participation in the project. As mandated reporters, staff members followed guidelines requiring that they make a report if they heard anyone mention harm to self or others. They did not, however, have any suicide prevention, intervention or postvention protocols when the project began.

This agency has developed many relationships in the community through the trainings it provides on domestic violence to a variety of people, including mental health providers. These relationships were described as excellent and reciprocal. Mental health providers would call for assistance (and vice versa) with signed releases facilitating communication if the sharing of confidential information was considered important.

Given the nature of their services, protection of client confidentiality was critical. Therefore, client information was seldom shared with family members or partners. If they were working with a minor, and there was contact with parents, some written information on suicide and other risks would be provided to them.

The interviewee felt the most pressing needs in suicide prevention, at the time of the baseline interview, were to raise awareness and keep the suicide issue visible. She mentioned stigma around suicide as a potential barrier.

Post Project Information - Perceptions of Agency Role in Youth Suicide Prevention

Agency D. The person interviewed here at the end of the project spoke about the many services they offer that bring them into contact with youth, and the fact that all of their full time staff members had had Gatekeeper training. She spoke of the homeless youth outreach and community outreach program where the staff had the most contact with youth who might be especially vulnerable and at risk.

Agency E. The staff interviewee found it difficult to describe the role of such a large, spread out agency, in youth suicide prevention, but ultimately felt that, in her program

it was to “pretty much just watch the kids.” In this program they provided case management services for youth under the age of 21. They do not provide therapy so staff members would refer an at risk youth to an outside provider.

Agency F. The staff felt their role in youth suicide prevention was most evident in their youth programming which took them into the schools to do presentations and see young people one on one. Through their relationships with teachers and guidance counselors they would both receive and make referrals.

Training

In Agency D, all full-time staff members in the mid-coast office had Gatekeeper training (10 people) and one was a trained trainer, but had not yet been asked to provide any Staff Awareness training. Unlike other agencies that participated in this project, a special initiative was launched at this site. In an effort to engage young adults in suicide prevention, a group of six 18 to 24-year-olds were trained in a modified version of gatekeeper.

So we have this group of kids and about six of them came together, met with X, met consistently, a couple of them I had to do a make-up session but they were trained in a modified version of gatekeeper. And they loved it. I mean these are kids I’d say may be all of them maybe had made attempts at suicide in the past. They really understood the despair and they are indeed the people who young people are more likely to turn to.

Agency E. Staff Awareness training had been conducted at this agency at least one year prior to the post project interview and all current staff members had attended. According to the interviewee, the training covered the signs of suicide and the suicide rate in Maine. One person had been trained as a gatekeeper and trainer.

Agency F. This agency had three trained gatekeepers on staff and one was a trained trainer. Staff Awareness training had been provided to all staff members.

Protocols

Agency D had developed a suicide prevention and intervention protocol. According to the interviewee, it has helped to streamline processes, underscore the need to respond if concerned and to call crisis. She felt the postvention piece was especially important as they had not paid attention to that previously and now had guidelines to refer to in the event of a

death by suicide. Here, the staff was made aware of the protocols in orientation and annual staff trainings that include crisis intervention and suicide prevention.

The staff person interviewed at Agency E was not aware of any protocols to prevent suicide at her office. She thought work was underway on an agency wide protocol, but this was happening in a different office.

If they had any concerns about a youth in one of the schools they were working in, Agency F staff members would follow that school's suicide prevention and intervention protocols. Their own protocol, should they identify a youth outside the school, required that they assess the situation and call the local crisis agency if there was a plan and access to the means. All staff members and volunteers had been made aware of the protocols and in the future new staff members and volunteers would get them during hotline training.

Identification and Referral Procedures

Agency D. When asked what signs would prompt the staff to take action, the respondent said:

Well once you're hearing the kind of hopeless language, once you begin to realize that there is an issue or concern at all, then it would get into serious red flags - you know - have you thought of how, do you have a plan of how and then based on you know that, is there access to, is there a gun in the house, is there pills. Those would be ...the most you know - alarming....Our kids have all of the risk factors. Their families, they've got substance abuse, they've got mental illness, they got abandonment, they got abuse, they got you know they got everything. So we're starting with the very high risk.

The young adults who had been trained were involved in three interventions, referring peers they were concerned about.

Agency E. The interviewee believed that if there is concern that a child is at risk for suicide, staff members will call crisis, then call the police as the latter will respond immediately. Most of the time, concern is expressed by parents who will call the agency. In turn, staff at this agency will urge the parents to call police and/or crisis. Agency staff can provide transportation to the hospital, where they will wait for a crisis provider to come and do an assessment. The interviewee felt staff at her agency are ready to respond because they are aware of the signs of risk for suicide, can tell when kids are depressed and would take any comments about self harm seriously.

Agency F. The interviewee for Agency F stated that they will follow their new protocols when there is a concern for suicide risk.

Connections and Communication

Agency D had been in the community for a very long time, was well respected, and had developed very good relationships in the community with residents, schools and providers. Some dissatisfaction was expressed in regards to medication monitoring by psychiatrists, and the constant changes in name and ownership of the local crisis provider created some difficulties. However, access to the local project coordinator (a crisis clinician) was greatly appreciated. Logistically, there was a lot of work with the schools in order to get referrals and provide education to homeless youth. Agency staff have not been able to get into the schools to do any presentations or raising awareness and referrals don't come directly from teachers, but rather from the guidance counselors, principals or nurses. The interviewee expressed the belief that there was some resistance.

Agency E staff members work closely with local schools, attending all school meetings with children on their caseload. In addition, the agency has clinicians based at the schools. Staff members interviewed also attended case conferences, evaluations and doctor's appointment.

The interviewee at agency F said that they use other community mental health providers as a resource. The interviewee stated:

A lot of times we have clients that come to us who have mental health diagnosis. A lot of times it's helpful to us if we are able to, with the client's permission, to talk to whoever their therapist is or counselor is and stuff just to be sure we are getting the whole picture of things so that we can serve them better. And also making referrals. Sometimes we'll get people who call us who maybe domestic violence isn't, it's not at the forefront of what their issues are right now and rather we get the sense that it's something with mental health and so we'll make a referral to them.

The relationship with the local project coordinator was considered very helpful, particularly in clarifying the role of crisis. The respondent stated:

Well, I think it's taken a little bit of a load off our shoulders so to speak. Just realizing that it's not our responsibility to try to figure out if somebody who has come to us has this, this, or this mental health issue. That's something that they can do and that they can be another resource for our clients and that they can in turn if we have the client's permission and we can speak with their counselor and therapist or doctor

that they can in turn help us to understand how to given the person's mental health situation how we can better serve them and how we can better understand our client and where they are coming from and how and why they react certain ways and things like that.

The relationship with schools involved in this project was mentioned as well. It was good to know that they were all on the same page and that they would all have their protocols in place.

Changes and Benefits

The opportunity for the staff to attend the trainings (Gatekeeper and Beyond the Basics) was considered a great benefit to the agency and the respondent believed there was greater awareness about suicide prevention and roles. She thought too that there was more comfort with the language. She did not believe the relationship with the local crisis provider was any different than before the project.

At agency E, the interviewee believed that the trainings were also considered a great benefit and awareness the biggest change as a result of participation in this project. The interviewee stated:

“Well, I think the change is that everybody is more aware. The gatekeeper makes everybody more aware. I mean, you know, we have a lot of group supervisions, so if I see some signs or something, you know, of suicide than I will speak up and say, you know, maybe you ought to look into this and whatnot.

Asked if that was different than before her response was:

Yeah, I had never heard of, I mean, obviously I knew about suicide, but I didn't know, and through school I learned, but not until a couple of years ago when x did the training and the agency really took a heads up on it and especially after we had a client pass away.

In her opinion, the relationship with crisis had not changed during the project; it was the same as before.

The interviewee at agency F thought that staff members were more comfortable with procedures and protocols for responding to suicide prevention. The interviewee stated:

I think you try to avoid having those conversations and just hope that it never happens. We had something in place but it was very basic and it left a lot of room for people to kind of make their own decisions about things...this is a subject area where

people don't want to have to have all that much room...As an advocate, I feel much more prepared. There aren't these big question marks in the back of my head and this kind of like fear that, oh my God, I hope today is not the day that something tragic happens and I don't know what to do. I don't know how to respond. I feel much more confident that should something present itself that I know what steps to take.

Challenges

The staff members at Agency D talked about problems accessing crisis services, sometimes experiencing long waits and a lot of staff turnover.

Agency E staff members also expressed frustration with crisis services:

We've always had trouble with crisis. I've had kids in crisis that, you know, I have taken to the hospital, they have been evaluated at the hospital, and sent home when they shouldn't have been sent home. I mean, and the next day we take them to the hospital because they are just not safe.

Agency F's interviewee spoke about the need to "tweak" the postvention protocol in particular, and to ensure confidentiality postmortem. She felt postvention strategies would be based on the individual and the variables involved:

I think there are just so many variables and you just can't predict them ahead of time. It's impossible to write out the situation for every variable that could happen but even just knowing, just realizing and having it on paper that, oh, this is an area that's going to be of concern, you know, the support group.

School Case Studies

C1 High School Case Study

Setting

This high school serves five surrounding towns. It has a student enrollment of approximately 684, with a teaching staff of 47. The average household income is \$36,602. Thirty-seven percent of their students qualify for free or reduced lunch. This school houses a school based health center with one doctor, two nurses, five health aides and an administrative assistant. The school has a full-time social worker, a part-time psychologist (2 days per week) and three guidance staff.

Baseline Information

A baseline interview was conducted with the school coordinator prior to implementation of the Maine Youth Suicide Prevention Project (MYSPP). The coordinator (who has since left this school) indicated that there were no specific protocols in place for suicide prevention or intervention, nor were there specific guidelines for the school in the event of a student death by suicide. She indicated that many of the staff members had participated in a suicide awareness in-service day, and that they were Gatekeeper trained.

Roles of Key Staff

Digital post-project interviews were conducted with five staff members who were key players in the MYSPP implementation piece. The project roles, the positions they hold in their school, their responsibilities in these roles as an integral piece of the implementation and sustainability, and perceptions that these roles played in their suicide prevention and intervention efforts, are described in the sections below.

School coordinator/Lifelines instructor. In this school, the school project coordinator was the high school health teacher. As project school coordinator, she was responsible for coordinating the implementation of the Lifelines model in the school. She indicated that she was new to the school and had only been in this role at the time of the interview for the 2008-2009 school year. Consequently, many of the pieces of the project still seemed uncertain to her and she deferred to the school social worker when issues concerning suicide risk in the school came up. The school coordinator stated that it was also her responsibility to “be there for students if they need me and to be willing to listen and to take the appropriate action.” As a Lifelines instructor, she was responsible for training and implementation of the Lifelines Lessons. She integrated this curriculum successfully into her 9th grade health course.

Project school administrator. Administrator roles vary in project schools. They typically offer support to their staff and personnel and can be either actively or indirectly involved in implementation of the project. This project school administrator was the high school principal. He stated that his role as administrator of a high school in suicide prevention was to “work closely with the guidance director and other administrators to make sure

that staff members are informed” and to be trained in suicide prevention. He oversees, in general, and encourages the staff to be trained. He is also notified of any referrals to outside sources through the protocol process.

Gatekeeper. One staff member who volunteered to attend the Gatekeeper training as provided by the MYSPP project, volunteered to be interviewed regarding the role she played in the school as a trained Gatekeeper. This Gatekeeper was the special education teacher for grades 9-12. She stated that she is also the day treatment coordinator for the school. She has not been part of this project since the beginning of the implementation and has not had an opportunity to see prior school protocol or procedures regarding suicide prevention and intervention. She sees her role in suicide prevention is as a gatekeeper and stated she is also trained in crisis intervention. She did not elaborate on specifically what she did in her role as Gatekeeper.

Student Assistance Team (SAT) member. The SAT member who volunteered to participate in the evaluation interviews was the high school social worker. He provides clinical support to the students with special education services, supervises teachers and educational technicians for the day treatment program and provides clinical and group support for the Life Skills program for students with developmental or functional disabilities, such as Asperger’s or autism. He stated that he also works closely with the school psychologist to “create proactive behavior plans...safety plans... [and] the risk assessment. I do the ‘how do we provide the best support in the school system.’” His role in suicide prevention, he stated, was to help those kids who weren’t doing well in school “get through the day.” He stated that teachers, guidance counselors, and administrators contact him with a concern after having gone through a series of protocols. He would do a risk assessment and then “follow-up with a kind of clinical intervention.” About his role, he stated:

Teachers know kids. They’re the eyes and ears of our assessment, pretty much. They would know those kids who are on a certain track and suddenly off track and really can’t explain and, you know, they will follow up with conversations with the kids but just don’t see the kids able to bounce back. You know, kids deal with stress in their lives, but there are certain kids here that seems like the stresses are overwhelming. So the first place they’ll get the contact is with the teachers. They’ll get the self-referral sometime. Then follow up with the kids from administrative referrals and so what happens is once they have that, they contact me directly and then that’s where the social work intervention, the risk assessment, looking at safety and no kid leaving my office without some type of how safe are you, ‘I know life is stressful, life is

overwhelming, but are you safe? Can you maintain can you be resilient?’ so that’s my role here – to aid and have those conversations with those kids.

As a member on the SAT team, he believes his role is also to be part of a panel that includes special education teachers, guidance counselors, and an administrator who “brainstorm how to best serve kids who are at risk.” He stated that high risk kids typically have services in place, so this team tries to find ways to support those kids who may be “heading to high risk.”

Project Components

Pre-selected components of the project were required to be implemented in grant recipient schools. The following descriptions include the function and objectives of each component and then the interviewees’ perception of how these components either helped or hindered their efforts in suicide prevention in their schools. The interviewees were also asked to identify the challenges and/or supports they perceived were associated with these components.

Protocols. Prior to implementation, this school did not have any written protocols specific to suicide prevention and intervention outside of their school crisis plan. Currently, there are protocols in place that outline the steps to take when referring a student for suicide risk. School personnel developed protocols for the prevention of suicide, from the lower risk to the highest risk situation. Essential components of the protocols were addressed in each section, with a few sections still needing a more school-based explanation of procedures and guidelines. For instance, it is unclear how a staff member might be designated to “meet with an individual” after the concern for risk of suicide has been raised.

The postvention protocol explains what should be done to inform the staff and students in the event of a student death; how to support grieving staff members and students; and how to identify students who may be at high risk for “copycat” behavior. It also covers appropriate and inappropriate memorial activities including directing the media to the superintendent for comment. When asked how the staff is made aware of these protocols, he responded that each member gets a copy of the school handbook and that the protocols are included. He stated:

Every year, every new staff member and old staff member will receive a revised staff handbook and in that handbook are the suicide protocols and that type of information and they have to sign a sheet stating they have read the whole handbook and understand everything that's in it and pass it in to me.

The Gatekeeper believes these protocols are "very clear" yet, she also stated that she "thinks" they are outlined in her teacher handbook, and she refers back to them when she "can't remember." According to this special education teacher, guidelines for "self-disclosure" of risk by students are still "confidential" and teachers are free to handle it as they see fit, regardless of the protocol in place. She also stated that she is aware of guidelines in response to a suicide attempt off-campus and a student bringing a weapon to school. This Gatekeeper also stated that it "depends on the situation" as to how she responds when a student has been identified at potential risk, and that assessing the risk often depends on the student's "body language." She stated:

I would actually probably go on, and I don't know if this is even correct, the body language at the time. How do they seem to be feeling at that point? How are they conversing with me and what they're telling me? It depends. I mean if it's just a conversation, then that's what I would do first, just strictly and then if it escalated, then that's what would make me go to the next step to the social worker.

The school coordinator indicated that the protocols were available in the main office and the guidance office. When asked how the staff was made aware of the protocols she stated that they were also outlined in the handbook; however, she clarified that she was not "one hundred percent on that one." She further stated that she has "utilized minimal protocols" in response to a student who verbalizes suicide ideation. Her first steps are typically to refer to the social worker, talk to the student and then refer to administration.

This school has used the protocols during the 2007-2008 project year. According to the school administrator, a staff member heard that a student, who had since gone home from school, ideated about a death by suicide. This staff member approached the administrator with this information, who then approached a guidance counselor. When the guidance counselor called the home, the student answered the phone, but there was no adult at home.

The next step was to contact the crisis providers; however, the principal stated, “We called three different numbers on the emergency card and couldn’t get anyone, so we called the County Sheriff to do a welfare check.” An assessment was conducted the next day with the crisis service provider.

During the course of this project, this school community also experienced a student suicide in their graduating class. He explained:

We found out about it on a Saturday or something. We opened up the school on a Sunday afternoon. Counselors were here. Students could come to school, you know, and things like that. There weren’t that many because people were off doing their different things, but she was a member of one of our sports teams, so all of the sports teams, the sports people, student athletes came and so we had some time to process, talk about some things, spent most of the afternoon here, and things like that. Had a chance to sit around and talk about her, talk about the good things, you know, about her and of course, a lot of the staff and things went to the service. That was helpful and the thing that was held after.

Lifelines. This curriculum is typically integrated into a health course at the high school level. It has been aligned with Maine Learning Results as an academic requirement to teaching health-related knowledge and skills to youth for credit toward graduation. The health teacher at this school implemented Lifelines at the 9th grade level.

When asked about the overall perception of the Lifelines Lessons through a series of questions, the instructor responded that the Lifelines Lessons does not add to her teaching load, but rather “eliminates a lot work” as it is easily transferable to the existing school health course. She believes that Lifelines is a comprehensive curriculum and that she is very “passionate” about teaching this component. She stated:

I think that that certainly helps and the students connecting. When you ask them, do you know anybody that’s died by suicide, do you have someone in your life that’s died by suicide and 80% of the hands in the classroom go up, they realize that it’s a real thing that happens in this community, in their families, and they really start to think about it and get involved...

This instructor said that she “went through the whole thing” and did not modify or change the length or the content of the curriculum. She believed there was some concern about the video being “dated” and that the students, typically, notice those things; however, she stated, student engagement is “amazing.” She related a story regarding one student in the class who “would normally fool around and not pay attention”:

[H]e was completely focused and just gave all kinds of answers and told students to just pay attention - that this was very serious. And I don't remember what section it was, but he started to answer the questions very specifically and very seriously and he actually started to tear up because he was so genuinely compassionate about it and I just thought that that was pretty amazing from a huge guy that you would never think would make any connection like that and it was not because somebody in his family had died by suicide or anyone really close to him. He just saw the genuine need for the topic and the seriousness of it and I thought that that was pretty amazing.

She indicated that this curriculum appealed to youth because of its relevance and connectivity and that they "appreciated the different activities, videos and interactions." She believed that administration and teachers supported this program, and that it promoted more student awareness of warning signs and concern for those who talk about suicide.

Student Assistance Team (SAT). Establishing or maintaining a trained Student Assistant Team (SAT) was a required in project schools as part of the SAMHSA grant objectives. As a team, teachers and administrators were to meet on a regular basis to help identify and refer youth at risk for not only academic failure, but also about mental health and or suicide prevention issues if concern was raised by either a staff member or as indicated on the school data tickler system (described in a following section). When asked if the SAT process in this school was helpful in identifying youth, the SAT member believed that while the team process was effective in identification, it could be better at supporting youth. He stated, "I'd like to be more effective....I think when we get together we have limited resources of what we can do." He believed that parents should be involved on a more regular basis and the support process is often limited by the home environment and that parents often do not know about the SAT or the process. He also believed that another challenge the team faces is that teachers and staff members are not informed enough about the process and that communication between the SAT and the teachers could be improved. He stated:

I think teachers are 80% aware of what SAT. Twenty percent, I think it's just like 'what are you guys doing? Where are you going with this?' You know, we try to make SAT resources available to teachers and guidance and [in the] teacher lounge. I don't know if we have some type of staff training about what we are doing.

Data tickler system. The data tickler system was designed to work in conjunction with the SAT for use in identification and referral of youth at potential risk of failure or mental health concerns. The school coordinator believes that the data tickler system compo-

nent is a duplication of another data system that is already in place in this school, and that it may be more time-consuming than helpful because of the efforts and time required for their registrar to input the same data into two separate databases. She stated that she doesn't use the project data tickler system. The SAT team member believed that the data tickler system (he didn't specify which system this team accessed and did not refer to two separate systems) was helpful in that it was key in identifying and targeting youth who otherwise would have been missed. He stated:

[R]ight now is a crucial time because it's coming to the end of the quarter and grades are coming up so she'll [registrar who inputs data] look at attendance, failing grades and there will be a list of maybe 100 students. We look at that list and we say, oh, this student is being served through special education, this student is being served through day treatment, this student is served through Life Skills, whatever it is, so we look beyond those lists and then we look at the list, and ooh, we don't know this person, you know, who is this new freshman that seems to be right on the line between passing and failing consistently through all of his subjects and is missing four or five days already. So that system allows us to look at those names and then we talk about it in the SAT.

This data tickler system was used for identifying youth only on a quarterly basis after grades and attendance were input into the system and a list that consisted of approximately 100 students was generated. There was no indication that other staff members had access to, or was actively using the data tickler system on a regular basis.

Interviewees' Perceptions of the Role of School in Suicide Prevention

Many of the interviewees were asked what they believed was the overall role school played in suicide prevention and intervention. Many of the interviewees indicated "safety" as the primary responsibility of the school. The school administrator stated that the role of the school in suicide prevention is to "take action, to maintain the welfare and safety of the child." When asked if his school was ready to respond to a youth at-risk, he responded:

Yes, we discussed that, in fact, not at this past faculty meeting but at the previous one, we talked about that. I made it very clear that any information about the welfare of any child, whether it suicide or abuse or anything, if they know anything or hear anything, it's incumbent upon them, it's their duty, to come to an administrator and give that information to us so that we can on it. If they know it and they don't act on it, I tell them the responsibility is on your shoulders, not mine.

The Gatekeeper, who serves as the special education teacher, reiterated the role of the school in suicide prevention is that school should “be a place where kids should feel safe and that we should all take a role in ensuring their safety.”

Both the school coordinator and the school administrator indicated in their interviews that there was an expectation that staff, faculty and students were aware of their efforts in suicide prevention. However, stated the school coordinator, this was a “challenging topic for a lot of people” and this coordinator believed that they were still “pretty prepared” in that they knew who to turn to if “they were not comfortable with themselves taking care of the situation.”

Training. An integral piece of implementation of the MYSSP was staff training in suicide awareness and in identification and referral. The school coordinator was asked to provide training information to key players in the project, and to help coordinate on-site suicide awareness training for all school personnel. The following describes staff perceptions of the effectiveness and helpfulness of those trainings in project implementation.

- *Gatekeeper.* Gatekeeper training was among the components of the MYSP implementation that was considered a valuable asset to this project. At this school, 17 staff members attended a formal Gatekeeper training as provided by the MYSP. The Gatekeeper stated as she described the referral process at this school that she “thinks everybody should be trained in Gatekeeper so everybody is on the same page.” She also stated that the training has been more influential in her “personal life” in “dealing with a [family] situation” than in school. As a trained Gatekeeper, this staff member has only had one teacher come to her with a concern about a student.
- *Staff Awareness.* Staff Awareness training was provided on-site. The school coordinator was not involved in the staff training as she came on after the project started. She stated that there had been a Staff Awareness training the previous school year, but that one had not occurred at the time of interview. She did not have a date for any Staff Awareness training in the near future, but indicated that the trainings had been done on an annual basis. The Gatekeeper interviewee also responded that the school conducts annual Staff Awareness trainings at one of the “major staff meetings” during the school year, but that awareness training had not yet happened this year. She stated that she thought it was “helpful” but that it was an “hour or two” and that an “all day type of training would be more beneficial.”
- *Lifelines.* Only the health teacher received the Lifelines training. She teaches the Lifelines Lessons at the 9th grade level. This Lifelines instructor indicated that she was “nervous about” teaching this topic, but that the Lifelines training “gave her everything she needed in the curriculum.”

- *SAT*. None of the interviewees discussed SAT training as part of the implementation of the SAT team at this school.

Challenges in Identifying and Supporting Students

When asked what were some of the challenges that the school had to work with in identifying students, the Gatekeeper reiterated her earlier comments that all staff members should be trained so that they are all “on the same” page. She does not indicate that school-wide protocols are a key instrument in communicating a standard for action or referral. She believed that this is still a challenge:

I think the challenges are making sure that we can implement an appropriate plan for them all across the board with the school. I think that making sure that they are getting the right health care and trying to get all the coordinated efforts together to make sure we are all on the same page. I think that’s the most challenging thing.

When asked about how students might “fall through the cracks” this gatekeeper believed that if students “don’t mention it” then “people just aren’t experienced enough to see the signs.”

The school principal believed that getting the students to talk about their thoughts was still a challenge. He stated “It’s difficult to know what’s going on in a young person’s mind,” but went on to explain that it is much better than it was a few years ago.

Another challenge in identification and referral expressed by the school coordinator was determining whether behavior of some of the teens in their school was a genuine call for help or if it was “some form of crisis” that didn’t require the time that intervention typically took. She stated:

It can be difficult to respond some, some students are always in some form of crisis, so that can be challenging to always find the time to respond to certain students that always seem to be in crisis. For me, I would say that that can be a bit challenging, to find the time to be able to always respond to continual crises.

The SAT member, who is the social worker at this high school, believed that better support for youth would come at an earlier grade level. He thought that support only at the high school level allows some students who would benefit from services sooner, are often missed:

I think maybe the timing of intervention, we miss the opportunity, and I mean system wide. Maybe the intervention should happen in middle school. Maybe the system the

SAT established needs to establish at middle school level, fourth, fifth grade, because those pose the same risks and by the time it gets to high school either those kids don't show up or the behaviors, the dysfunctional behaviors are in place so I think the timing of intervention, the design of intervention is not fitting to the population.

Connections and Communication

One piece of this project evaluation was looking at how the school staff connected, interacted or communicated with not only each other, but also students and community agencies that were involved in the MYSPP project. These relationships are described below.

Staff-to-staff relationships. Data indicated a general lack of communication between staff members in the event of a concern regarding a student. Written protocols in place are also not helpful, as generally an overall lack of what the staff knows regarding procedures and guidelines is unclear to the interviewees. The Lifelines instructor/school coordinator was not convinced that the referral process is clear to all staff members, or that they would know what to do in the event that they were faced with a student concern for suicide. This perception is corroborated by the SAT member, as well as the Gatekeeper at this school. When asked how youth were typically identified for suicide risk the Gatekeeper answered, "That I wouldn't know." When asked if he was aware of what action to take and who to speak to in the event of a student self-disclosure the SAT member stated, "Sure, yeah. I think that's in place. People are questioning what to do or what process works for assessing students." Most of the interviewees agreed that this SAT member and school social worker was the "go-to" person. This might suggest that a procedure that was already in place for the staff prior to the implementation of the project is still a fairly standard protocol in this school at the end of the project.

Staff-to-student relationships. The school administrator believed that he had seen a change in the "culture" of the school, in that there were more students willing to go to staff members with concerns than there were five to six years ago. However, it is difficult to discern if or how the MYSPP implementation in the school was responsible for these changes. Data indicate that there is still a staff-wide perception that staff-to-student connections are lacking in many respects. Many of the interviewees believed that the students and staff members were still disconnected. The Lifelines instructor and school coordinator corroborated this sentiment:

They are much more comfortable to go to a classmate, without question, before an adult...it's our hope that every student has some adult in this school that they feel comfortable going to discuss anything that they are concerned about, but I think that we all know that it's harder for them to go to an adult because they think that we are going to be judgmental or not have the time or whatever it may be, so I mean, I think that many of them can and do go to staff members, but there are those few that will keep to themselves. It's too bad and certainly something that we want to try to eliminate.

She went on to state that if students went to a peer first with a concern that "they'll continue to add somebody to their group until they get to an adult."

Relationship with crisis agency. The school administrator did not see a change in the relationship that this school had established prior to implementation of this project. He stated that they continue to "have a good relationship" with the crisis service provider and typically utilize their services on an as-needed basis. He stated that personnel would drive students to this provider, but did not indicate that the provider would come to the school in the event of a student suicide ideation or for assessment.

The school coordinator could not speak to the relationship between the school and the crisis agency that was contracted to this school as part of the MYPSS project. She is "aware" of crisis workers in the area. Other staff members are "encouraged" to go to the social worker in the school who works more closely with the crisis agency. This coordinator "guessed" that she would not call crisis unless it was "the end of the day and they were supposed to go home or if they were going to be alone."

Relationship with community agencies. When asked about other relationships with community agencies, the school coordinator stated that they had developed a "good relationship" with the crisis agency in the previous question. She described this relationship:

The main person that I have worked with through this grant has been absolutely amazing. She's always e-mailing back and forth with me and very open and very encouraging if I have any questions or concerns to just ask her and discuss them with her, so specifically for me that has been a great relationship and a great opportunity.

She continued that she was not aware of other community agencies involved in their suicide prevention efforts. However, she indicated that the local hospital was also an informal resource but did not expand on how this resource, was utilized at the school level.

Relationship with parents. The SAT member, in a previous section, believed that communication between the staff (and in particular the SAT team) and parents could be

greatly improved. The school coordinator was not aware of any efforts to involve parents or community members in their school suicide prevention efforts, but that information is provided to parents through packets provided to the school through their crisis service provider on an as-needed basis. In the event of a student suicide it is the principal's responsibility to contact the parents of the student who died by suicide and express condolences.

Project Implementation Supports and Challenges

Supports. This school administrator believed that the grant funding and the trainings that were available to the staff and faculty, supported the school's efforts to implement the project. Another support that helped with the implementation of this project for the school coordinator was the on-going communication with the crisis service coordinator. The school coordinator stated:

I think it was certainly overwhelming when I came into the middle of this and was told that I was going to do this and I have to say that I was nervous because it's a challenging thing to take on, but I was very, very well supported all the way through and I don't have anything negative to say about that experience at all.

Challenges. One of the key challenges in implementing the project with fidelity in this school seemed to be staff turnover. In this school evaluation, at least two of the interviewees had not been part of the implementation at its inception, and therefore seemed uncertain about protocols and procedures that were key in implementing this project. Also, the school administrator was not the initial administrator who started with the project at its inception.

Another challenge for this school seemed to be staff involvement and willingness to participate in this project. Interviewees indicated several times that faculty was "uncomfortable" and that it was challenging to educate them on the topic of suicide.

The SAT member and school social worker believed that having no services in place at the school and the economic disadvantage of the community presented another school challenge. His response:

So let's say you had intervention systems like SAT and suicide prevention, but if you don't have services in place in the school, you're going to be identifying a lot of troubles, a lot of problems without much intervention. I don't know how effective that is and the reality is parents are not taking kids to community health services on the broad spectrum. Fifty percent of the time maybe. If economically, they were able

to, given our culture here, they would, but I think limitation of parents and resources, willingness, understanding, you're not getting service for kids in the school by sending out to the community.

Finally, the school administrator indicated that finding "the time for everybody to get together to do it" was a challenge.

Changes in Identification, Referral and Student Support

The school administrator believed that he had seen changes after the implementation of the project and the school was "very prepared" to identify and respond to students at risk for suicide. He stated the "culture of the school" has changed in the last four or five years.

He believed that the students feel more comfortable with staff:

Well, I think, some of the change, we have a different administration now than it was a few years ago and our focus in the last three years, since I have been here, the focus has been on students, and helping students and, you know, I keep giving that message out. We're here to help you...If you ever have any problems, come and see us. Come and see an adult...you keep saying it over and over, whether it's in the open assemblies we have or throughout the year during assemblies, or when the guidance people go in and talk with the individual classes, you always keep reminding the students, we're here to help you, we're here to help you, and they feel comfortable with that.

One of the primary changes in response to youth suicide events, he believed, was the "regular" protocol. He stated that the "step-by-step process" they use is helpful. He also stated that "having the staff talk to students" and having staff members refer students with whom they have a concern is a big change for the school. He expects that all the faculty, staff and students are aware of the suicide efforts at the school.

The Lifelines instructor (who also served as school coordinator) stated that she is "much more willing to report things now or discuss things with the social worker...I have a heightened awareness and much more of a concern and am willing to take the steps now." She believed that this was true school-wide. She stated, "I'm sure that it has [changed] with the heightened awareness of the protocol and everybody has more training and just a better understanding of how things should go and we have been through the process a few times sadly, so."

When asked what changes she had seen in the school's readiness to identify or respond to youth at risk for suicide, the Gatekeeper responded:

I haven't been here the entire time that this project has been implemented. I think that they [staff] are more sensitive to it. I think that, I think that they encourage the trainings. I think they want more and more of us to be involved with it. I just, for me personally, I would say they are more sensitive to it. If anything, more aware.

Changes in Student Awareness

The Lifelines instructor believed that she has seen changes in student awareness regarding concerns about peers who express suicidal thoughts. She stated, "I will have students that will come up to me and say that they are concerned about another student or they will talk and be more concerned about each other or if somebody says something that would be a phrase to be concerned about with suicide, I've heard other students ask them if they are serious or ask them questions even if they know that they are just being foolish. They will hold them accountable. I think that that's pretty amazing to watch with teens."

The school administrator believed that more youth were going to staff members, but that there was still a tendency for students to tell peers before referring to a trusted adult in the building. He indicated that the culture of the school had changed from where it was five or six years ago.

School Benefits

The school coordinator believed that this school benefited from the project by a "heightened awareness" among the staff and students about suicide concerns. She believed that many staff members were trained as gatekeepers and that resources (such as the relationship with the crisis service provider and the Lifelines Lessons) were "extremely valuable."

Sustainability

Maintaining sustainability in the schools after the project was over was an objective of the SAMHSA grant. The components that were identified by the interviewees as being easily sustainable were:

- Lifelines Lessons
- Protocols
- SAT team
- Relationship with crisis service provider

Interviewees who responded to this question believed that other components, such as staff training, Gatekeeper trainings, and sustaining a relationship with the crisis service provider could be sustained, but they were more tentative about these pieces. While it was agreed that Staff Awareness training would be conducted on an annual basis, at the time of these interviews, this was not completed. It was indicated that Gatekeeper training or training that required travel or cost, would not be easily sustainable due to financial cut-backs in school budgets.

Stated the school principal on sustaining programs in the school:

Well, it's always either money or time. That's always what it usually amounts to, you know. We have, I mean, I shouldn't say it's just money or time. It's also the energies or the staff and how they view, you know, the issue of suicide, and our students and the whole cultural thing, you know. That's a very, that's the most probably important piece.

Recommendations to Other Schools

Interviewees at this school were asked to provide recommendations to others regarding the implementation or other aspects of this project that they felt would better serve future project schools. When asked what she might say to another health teacher who was thinking about implementing Lifelines into his/her health curriculum, this teacher recommended this curriculum and believed that the support and the training makes it “worth it.” She further went on to state that she has already encouraged another health teacher in another school to use this curriculum when she had emailed the interviewee about the project.

The Gatekeeper advised other schools to “stay involved” and “get more trainings” as she perceived that not all staff members had the opportunities or were as vested in the project as they might have been.

The school coordinator advised the staff to keep communication open. She stated, “I mean, now that the project has ended, we just need to keep communication and keep open doors and continue what we have started. It's been a lot of work and I think that it's been very successful and I think now we really need to work hard to keep it going.”

Another recommendation by the school social worker was to “hire more social workers.” He perceived that this was a way for schools to secure a viable on-site resource if community service agencies were not available to parents of limited financial advantage.

Summary

No protocols were in place at the onset of this project, the initial school coordinator believed that most of the staff had attended an in-school Gatekeeper training prior to the implementation of the MYSPP project. The project interviewees stated that while many of the components were implemented, there were still some challenges for the staff in communication and in knowing the procedures outlined in the written protocols. Several of the interviewees had come to the project after implementation. They indicated through their answers that they were still somewhat unclear about the project objectives. Much of the work of identification and supporting students was still being deferred to the social worker. The Staff Awareness training had not yet been completed at the outset of the project for that school year. The SAT team member did not believe that staff was aware of the team – while the gatekeeper also had some qualms about the level and commitment of the staff to the project.

The four project components were implemented with trainings. There was some indication that the trainings were beneficial to the implementation of the components; however, there was not much in-depth discussion of these trainings.

Changes in student awareness were noted by the Lifelines instructor. The school administrator believed that the culture of the school had changed, and that youth were more comfortable going to adults than in the past. This is still a challenge for this school as many interviewees believed that youth continue to access their peers to discuss a concern. Another challenge was the difficulty for staff members to address suicide issues or concerns.

The interviewees recommended that when other schools implement this project they should try to use better communication and get more of the staff involved and committed to the project. The school social worker believed that schools should have more service-oriented personnel on staff.

The components listed as easily sustainable were: Lifelines Lessons, written protocols, the SAT team, and the relationship established with the area crisis service provider. According to the school administrator, sustainability would always be compromised by the financial and time commitment required of the school and the staff. This would include any training that was not funded by the state.

C2 High School Case Study

This school serves three adjoining towns. It has an enrollment of approximately 445 students with a teaching staff of 32. Forty-one percent of the students qualify for free or reduced lunch. This school does not house a health center, but has a day-treatment program run by the school nurse. Here, there is one LCSW on-site who also works half time at the middle school and there are two guidance staff members. Approximately 41% of the students at this school are on a free and reduced lunch program, with an average median income of \$37,970.

Baseline Information

This school had no formal suicide prevention efforts at the onset of the Maine Youth Suicide Prevention Project implementation. Prior to implementation of the MYSPP, written protocols regarding youth suicidal events (including ideation, attempt and postvention guidelines) were not in place. The school had a “generic” crisis plan but this plan was not specific to youth suicide.

At the onset of the project, two guidance counselors had been through Gatekeeper training. Other staff members had very informal training in suicide awareness. Also a working agreement with the local crisis service agency was mentioned, but this agreement, prior to implementation, was not in a written format. This school did not have an SAT team prior to implementation, nor was the Lifelines Lessons in place in health classes.

Roles of Key Staff

Digital post-project interviews were conducted with five staff members who were key players in the MYSPP implementation piece. The project roles, the positions they hold in their school, their responsibilities in these roles as an integral piece of the implementation and sustainability, and perceptions that these roles played in their suicide prevention and intervention efforts are described in the sections below.

Project school coordinator. In this school, the project coordinator was the high school guidance director. He described his role in the school in suicide prevention as the

MYSPP project coordinator, the SAT coordinator and “the first line of defense” when a teacher or staff member had a concern about a student. He is typically the staff member who gets the student referrals from teachers and will complete an assessment to determine the next steps. He stated, “My role really is kind of to confirm more, allay some of the fears of the teachers if they are worried about it and get the kids to start looking at it and be honest about it and we go from there.”

School administrator. Administrator roles vary in project schools. They typically offer support to their staff and personnel and can be either actively or indirectly involved in implementation of the project. In this school, the principal interviewed as the project school administrator. He participates in the SAT team and stated that his role in suicide prevention is “no different than a custodian or a food service worker or a bus driver that was made aware of something not being right.” He stated that he helps support staff members in getting suicide information training, being aware of the protocols and in updating information. He defers to the guidance director for referrals or other concerns.

Gatekeeper. There are 13 staff members who trained as Gatekeepers through the formal Gatekeeper training as provided by MYSPP. The staff member who interviewed for this evaluation was also a social studies teacher and a member of the SAT team. As a teacher, she sees 65-100 students every day. She stated that this helps her “keep tabs on how they are doing.” She stated that once or twice per year staff members or students come to her with a concern and she has also referred students to guidance with a concern. She will refer youth if she notices changes in behavior or social changes. She stated that these are typically changes “in temperament, sometimes a change in friends, or sometimes not necessarily a change in friends, but sort of a sudden separation from friends, that kind of thing” further, she stated that she always acts if she has a concern.

Lifelines instructor. The Lifelines instructor teaches health education and coaches high school sports teams year-round. His role in suicide prevention and intervention is as a primary resource for student awareness of the warning signs and the procedures for reporting peer concerns. This Lifelines instructor was unclear about the curriculum and appeared to be very disconnected from the goals or purposes of the Lifelines Lessons.

SAT member. The SAT member who agreed to be interviewed for this project is also a math teacher and the advisor for the student center. Her role as a professional in this build-

ing includes being an adult facilitator for the drama program and the math team. She stated that she attends the youths sporting events. She stated, “I have a lot of contact with the students.” Her role in suicide prevention and intervention included training and in working with the team to “make contact with the kids and the parents and [get them] the services they might need.”

Other key people. The project coordinator stated that in this school, the social worker and the school nurse are other key people in their suicide prevention efforts. The school social worker is independently contracted and is able to provide services on a daily but half-time basis and has referred at least three students to guidance for suicide ideation.

Project Components

Protocols. The school coordinator stated that this school has written suicide protocols which they did not have prior to implementation. He stated that they have not been updated since the project began and they “have not been dealt with they way they should have.” He said that this school is trying to get the protocols for youth suicide into a “nice looking package to float around” and that the staff and teachers have been “shown” the protocols but that they currently have a flow chart with directions regarding contact information and guidelines in the event of a student suicide and that the risk factors and warning signs were on the back of this chart. The high school principal also corroborated that they allot “ample time at faculty meetings to go over some of the protocols and changes and updates” and that there is an “unspoken expectation” that all faculty and staff are aware of the suicide prevention efforts.

There has been no occasion to use the protocols except in referral and identification. The principal stated:

We’ve had a couple of early stage pieces where we have, you know, identified someone, gone to the, you know, gone to the next step. We have never had to go too far or too deeply into it which is very fortunate, but we know how to do it and what to do, so. I mean, like I said before, as best you can. You know, we skip a step or you don’t say exactly what, you know, is suggested. Oh well, you know. We’re on it. We’re on it.

The SAT team member responded that these protocols had not been reviewed by the staff for “a year or more.” She also stated that she was aware of the guidelines to respond to student events with the exception of a student attempt on or off school premises.

Review of these protocols by the evaluation team showed that developed protocols for suicide prevention, intervention and postvention, included most of the essential components but lacked a list of designated staff members who would be contacted to meet with a youth in the event of suicidal concerns. The postvention protocol clearly delineates responsibility, explains what should be done to inform and the support staff and students; and how to identify students who may be at high risk for copycat behavior. It also covers appropriate and inappropriate memorial activities.

Lifelines. The Lifelines Lessons is the primary source for students’ awareness of suicide prevention and intervention in this school. The Lifelines instructor stated that this curriculum is taught “early in the curriculum” to primarily first year students (approximately 90%) so that students will have information as the school year progresses. He clarifies, “if the pressure is starting to get to them as the semester goes along.” One of the challenges he indicated in teaching this curriculum was “time.” He indicated that it’s difficult for him to “fit it into the curriculum in 18 weeks and still encompass everything else” that he needs to cover in one semester. For this reason, he stated that he does not follow the curriculum as written, although he stated, he tried to implement “pieces” of it. He responded that since the protocols for the school were not developed he wasn’t clear “how far he could go as a health teacher.” He stated:

[W]e will take a block and show the movie, both movies, and try to get some discussion between the two, come back the next day and see what some follow-up discussion might be, we talk about resources locally and, you know, community, where do you go, what are some things that might be causing pressure or do you think that way and we delve into those areas to see if there is some common denominators as to what might be, you know, upsetting some kids.

He described student engagement in the Lifelines Lessons, as “we will go off on tangents for thirty, forty, fifty minutes at a time.” He did not clarify the nature or the content of the discussions with the students.

Student Assistance Team (SAT). Establishing an SAT was a required component in project schools as part of the SAMHSA grant objectives. As a team, teachers and adminis-

trators were to meet on a regular basis to help identify and refer youth at risk for not only academic failure, but also for mental health and suicide prevention issues if concern was raised by either a staff member or as indicated on the data tickler system in each school.

The SAT team in this school consists of twelve to 13 staff members including two administrators, the principal and the assistant principal. They meet once a week through the entire school year. When asked how the SAT process worked in their school, the school coordinator and the SAT member responded that they first look at grades and then attendance and behavior “issues.” The school coordinator:

[I]f we have decided to pick a kid up...we say...let's find out if it's an overall thing or if it's just this teacher because sometimes a teacher is having a problem and a student is not working in one class but if you look at him overall, they are doing great in all their other three classes, they are involved...so we look at that and then we go back to the teacher...but normally what we do is...as soon as we gather the information, we set a case manager and then we look at what can we do to improve the situation or what does this student need, boom, what are we actually going to try to accomplish? What it boils down to in a high school a lot of times is how are we going to get this kid to be successful as far as graduate and attend and that's what it comes down to quite often and then we try to set up a plan. In other words, ok, this kid needs to check in with someone...we need to see if they will go see the social worker. We will set up contacting parents. Whatever seems to fit but it's pretty loose because a lot of times it's, I'll sit down, you know, the case manager will sit down and just talk.

The school administrator added that teacher referral forms are also integral to the SAT process. He stated that teachers are asked to write down concerns about a particular student on a specific form for that purpose and to “hand it in to guidance” which is then brought to the SAT meeting. He stated:

We have a referral form. Teachers, if they see something, you know, that they, you know, sense or think or see as being not right, then they will write it up on a referral form, hand it in to guidance, and that gets brought to us. We keep kids on radar screen. We sometimes actively pick up students as cases in which case we assign a case manager and we make contact with the person, parents, and teachers and develop a plan to try to, depending upon what the situation is.

The SAT member further explained the referral process to include not only faculty, but administration and other support or service personnel such as bus drivers (who, he stated, have referred students in the past). He stated that one to three students may be new referrals as a result of this process and that 30 to 40 students are currently being observed-

that there is a “whole hierarchy of involvement.” Once youth come to the attention of the team, he said, the teacher is consulted first and then a concern is referred to the guidance counselor who does a risk assessment, and if necessary, a psychological assessment is conducted. The team follows the student and monitors grades, sets up meetings with the students, teachers and parents and tries to create a plan that will be followed so that the student receives the necessary and appropriate services. He stated that each member will act as the case manager and will volunteer to take on a case if they have “some sort of relationship” with the student. She stated, “We try to build on the relationships that we already have, which we have found to be very effective.” She believes this team process is “doing a good job of identifying a lot of kids that might not...get the attention of the guidance system or the other resources in the school.”

Data tickler system. The data tickler system was designed to help the SAT process by electronically identifying youth who are at possible risk of school failure. The school coordinator stated that he “liked” the system, but because of other difficulties with implementation he did not utilize it. He does believe that data tickler system has some potential. He stated, “I think the data tickler system would narrow it [identifying students], would make it more efficient, and might get, we might look at some students we haven’t been looking at because it’s such a wide open area.” The principal believed that they “used it to some extent, probably not as much as other groups do” and the SAT team member had not heard of this system.

Trainings

An integral piece of implementation of the MYSSP was staff training. The school coordinator was asked to provide training information to key players in the project, and to help coordinate on-site suicide awareness training for all school personnel. The following sections describe which training was offered, perceptions of the training and if this was helpful to the implementation and sustainability of this project. The administrator described all trainings as being “valuable.”

- *Gatekeeper.* This training was described by the school project coordinator as helpful. Thirteen staff members were trained, He responded, who had an increased awareness of warning signs. However, He does not feel that this training increased reports of concerns about students who were at risk. He stated:

The Gatekeeper training, to be very honest, if you want to say if we've had a lot of reports, I would say very little. But I would say if they [teachers] are aware of what's going on, they do add some insight and they do meet with some other teachers on it. But overall it has been, you know, we haven't had a whole lot. I hate to say that. It's one of things that we haven't had a whole lot of reports with any, I don't want to say substance behind it, but a lot of them are you know... they are of the variety where the kid is bad at the time.

- *Staff awareness.* The school coordinator and the administrator did not mention specific staff training awareness. They stated that the protocols were reviewed with all faculty members at faculty meetings "close to the beginning of the school year."
- *Lifelines.* The school coordinator, as well as the health teacher, attended the Lifelines training. Although the coordinator doesn't teach the curriculum, he wanted to be available to step into this course in the event the health teacher became employed in another school district. He described this training as "right on." The Lifelines instructor did not comment on this training in his interview.
- *SAT.* The SAT member participated in the all-day training and described it as "very helpful" in raising awareness.

Perceptions of the Role of School in Suicide Prevention

All interviewees were asked what they perceived as the role of the school in preventing and intervening in suicide. These interviewees responded that awareness of the warning signs and identification were primary responsibilities of the school. The school coordinator and the SAT member believed that the school played a "big role" in prevention primarily because the staff at the school see their students "day to day" and can identify and refer them to guidance if they recognize a student behavior that warrants concern. The school coordinator believed that the school cannot "fix them" but that they could "acknowledge and get things started to help them."

The principal believes that the role of a school in the prevention of suicide is "instrumental." He responded that a school needs to be "proactive" in identification and response, as well make sure that personnel are trained to identify warning signs. He stated:

I think a school needs to be proactive. Kids spend a significant amount of their time here and a lot of their relationships are formed and they are working on them here all the time as well as the other external pressures that we apply so I'm not saying it's easy, but you're allowed to see what's going on and you see them every day so you can really gauge differences and behaviors or attitudes or just demeanor, so school

plays a very important part....That's an obligation that we have. That's a social, moral, educational obligation.

The SAT member further stated that she believed the role of a school was to provide a place for students to “feel safe” and to have “a healthy environment” where many have home environments that are not safe or healthy.

The Lifelines instructor added that the school, in addition to helping students “feel comfortable enough to talk to adults,” is the primary resource for students who are experiencing conflict at school or at home that might feel like a “major issue” to a teenager.

Student Awareness

Student awareness of suicide warning signs and referral is primarily through the health course. The Lifelines instructor modifies the curriculum to such an extent that it is not the Lifelines Lessons as written. Videos provided by the Lifelines training are used. He states that this is in two or three 80-minute health classes. The Lifelines instructor believes that his class “gets them talking” and that “once or twice” in the last three years, a student has approached him with a concern about another student. There is no other data in these interviews that suggest peers are reporting peer concerns at this school.

Connections and Communication

Staff-to-staff relationships. There is no data to confirm or report the nature of the staff relationships; however, the principal stated that this high school is a “very close-knit community.” The SAT member believed that there could be better communication between the members of the team and the staff. She stated:

I think we could do a better job describing exactly what we do. We publicize it at all the staff meetings. We say, remember if you have students you are concerned about to refer them. I think there could be more dialogue between SAT and the staff, but I think we do ok.

She also stated that a better job could be done when communicating to the faculty “as a whole” disclosing that it had been a “year or so” since the suicide protocols had been discussed as a staff.

Staff-to-student relationships. The staff at this school believed that staff-to-student relationships were good. The Lifelines instructor said that the students “feel accepted” and

“supported.” The principal also believed that staff members and students have a good relationship. He stated that the staff did a “good job connecting with kids” and “building relationships.” He stated:

We do a real good job of connecting with kids, building relationships and I think there are very few students in this building who don’t have at least one adult that they would feel comfortable going and speaking to and I am 100% confident that those adults, if they sensed or recognized that something wasn’t right, would not get it back to the proper people and so we could act on it, so.

The Lifelines instructor agreed, “I have been here 10 years and one of the things I noticed when I got here was that the kids have a real good rapport with a lot of the faculty and that’s a good thing.”

Relationship with crisis agency. One of the supports named in implementation of this project was the relationship with the project crisis agency coordinator. The school coordinator stated, “it was nice knowing [project coordinator] was there and was able to stay on top of things.”

Relationship with community agencies. One community agency was named as a primary connection in the community. This agency had staff members who participated in school meetings during the project. However, the school coordinator believed that agency staff layoffs and other transitions in the organization would impede further relationships with this agency. He also named another community agency but clarified, “[Community agency] was the only one and I think we are dealing less with them than more.” He stated that there was some relationship with other local public service providers like the police, ambulance and fire departments. The principal believed that the community agencies in the area were integral to the school and had been prior project implementation. He stated that relationships had always been beneficial and working with community agencies:

We’ve always had good relationships with, you know, we are also, this town where we are located our district is the service center for the county and a lot of service organizations, help organizations are here, so it’s always been beneficial for us to have relationships with, you know, crisis, mental health, you know, medical, law enforcement, things like that. So, we’ve had them to begin with. I don’t think that it has been much of an enhancement being part of the program.

Relationship with parents. There is a general consensus among the interviewees that many of their students’ home lives are “not conducive to being supportive.” The SAT

member stated that the staff hears “horrific stories about families and there are a huge portion of the kids...with horrendous situations at home.” She recalled a situation where the family moved and left their 15-year-old son without telling him where they were. Because of this perception, very little information is communicated to parents regarding youth suicide; as well, the school does not contact every parent with a concern. She stated, “Whether it’s involvement with drugs or alcohol, the parents are often the biggest hindrance to the kids. You don’t want them more involved in the lives of the kids just because they are in such bad shape themselves.” However, she stated if there is a parent that would be concerned, she believed the school does a good job of “contacting the parents that we contact.” The school coordinator believed that a letter regarding the Lifelines Lessons should go to parents to inform them of the upcoming curriculum, but he is not clear if this happens. The Lifelines instructor corroborated that he does not contact parents.

Challenges and Supports in Implementation

Challenges. One challenge in implementation of this project, according to the school coordinator, was not having enough time to complete tasks due to a project member being out for most of the school year. He stated:

The other problem I think has been, has been just finding a little more time and to pick up on all the little things we did miss like you said, getting it to the parents, getting it to all kids, getting it, I mean, these are things that I think need to be out there rather we can get to them, who knows. It’s a time thing and they’re not being, I mean last year once we got things really kicked in, we kind of lost [key role] for most of the year and that kind of threw things off and it still is. He is here today, but it has thrown things off. It’s not easy trying to do both...

The staff attitude regarding the project also proved to be a challenge in not only implementation of the project, but also in securing mental health services for students. The school project coordinator responds that the prevalent attitude is “we are not a social agency, we are a school.”

Supports. Administrative support is named as key in supporting and maintaining the project components in this school. The principal believed that “common sense” supported this project. He clarified:

We have had situations locally where when something hits, it hits hard and the whole community and surrounding communities are affected by it. These kids know each

other, you know, throughout the county, and when something happens to one, it's like something happens to you, so best be prepared for, you know.

Changes in Student Identification, Referral and Support

One outcome of the project implementation was to have the schools feel confident in their comfort and ability to respond to youth who might be at risk for suicide. The principal responded that he is “as confident as you can be in that situation” regarding his staff and their response to a suicide event. He does believe that the staff is prepared to report a concern to guidance or to the administration if necessary. He stated:

They know to go to them [guidance]. They feel very comfortable coming to them. They also feel comfortable coming across to administration to the principal or assistant principal, but there's never; I don't think there is anybody in the building who doesn't feel the freedom and doesn't have a comfort level with coming to a member of administration to talk about something.

The school coordinator believed there have been several changes in staff preparedness in identification, referral and support for students. He stated that one of the changes has been the roles the staff has established. He believed that prior to implementation, guidance counselors were the key personnel in identification and support, and post-implementation they also “pull in” administrators when there is a concern. He stated that having the staff gatekeeper trained is also helpful in that it creates more awareness, plus he believed that the students were more comfortable. He stated:

I just think that added another level because they could deal with things when somebody couldn't get there and the kids know them. You know, because when you have, when you bring people in from the outside and the kids don't know them, but if they are here and they are there and they know they have it and the teachers feel confident dealing with it, I think we would probably handle it better this time. I just do.

The SAT member, also a math teacher, believed that the biggest change in the school was also staff awareness. She thought there was “a much higher probability that someone, if they heard a statement about a student hurting themselves or thinking about hurting themselves or thinking about suicide, that they would react to it and that they would follow, they would refer.”

When asked if he had seen any changes in the way the school prevented or intervened when there was a concern about a student, the school administrator responded that he had a “fresh perspective” because he had not been working at this school for a long period of

time. His overall perception was that the project was “huge” when he got there, but then there was a “lull.” He also had a misunderstanding that the “state” is responsible for the project implementation due to a high number of teen suicides. This principal believed that the SAT process is one change that began with the project and that training was “spectacular”—but that he’d like to see staff be “a little more constantly vigilant.” He stated:

It’s funny, it’s like anything else, it’s up and down, it’s, you know, ebb and flow of the whole thing although, geez, I’d really like to probably see us all be a little more constantly vigilant of it rather than, ok, we have checked it because it’s really not checking off boxes, ok, we have done that piece, we have done this piece. It’s a long term, you know, thing that you are doing. It’s not something that is just a quick hit-ter, so.

Overall School Challenges and Supports in Identifying Students at Risk

One of the school challenges, according to the school coordinator, was an overall staff attitude that there was no “need” for a suicide prevention/intervention project in the school because there had not been a student suicide. According to the school coordinator, ideation was not perceived as a problem. This school also had administrator (both the principal and assistant principal) turnover since the implementation of this project began, which was a challenge for the school coordinator.

Another challenge in identifying students, stated the school coordinator, is the nature of the teenager. He believed that in this school “teachers get immune to some of the things they see” and might not report this right away. He recalled a case where a student was “living out of his car for awhile – and we didn’t know it.” The principal corroborated this perception:

They are teenagers, I mean, you know, hormones, stress of studies, college, you know, boyfriend/girlfriend, I failed my license test, you know, there is a difference between adolescent upset and, you know, suicidal tendencies. There is a huge difference, so there is the, it’s tough to, you need to be pretty savvy with, I think what you need to do is you need to know particular people. It would be impossible for me to recognize or identify suicidal tendencies in somebody that I didn’t know, so we have got to get to know these kids.

He further responded that this “small” school allows the staff to “know” the students, but that some of them do slip by.”

A challenge for the SAT member is also with the student who doesn't come to school. If they are not in school, the staff cannot intervene. She believes that some students choose to "fall through the cracks." She stated:

They choose to fall through the cracks. They deliberately go through the cracks. You know, I think the kids who want to be here learn, you know, generally do, but then there is and a lot of them...just stop coming to school or they rack up so many absences, which is a pattern that they have had since, you know, second grade or something, of missing... 30 or 40 days a year. When you get to the high school you lose your credit, you know, things cease if you continue to do that so it's really to get the kids here, to get them to pick up their pencil.

Project Benefits

Among the project benefits, almost all respondents stated that overall; the level of awareness among the staff and the ability to finally "talk about it" was a key benefit in implementation of this project. Stated the school coordinator:

It has made us aware. It has given us some training. It has made things okay to even talk about it because I still remember when I came here nobody talked about it. That was, that's crazy, but and I also think it made us look at what we do here. I really do. I think it made us look at how we treat kids and what do we do and it made us feel good about what we do.

The principal agreed. He stated that staff awareness is a project benefit, but that he believed the school already had a "close knit community" which helped them because relationships had been established prior to implementation of the project.

Sustainability

The school coordinator stated that this school will keep going with their suicide prevention efforts “no matter what.” The pieces that he believes will be easily sustained will be the Lifelines Lessons, the SAT team and the staff awareness reviews at faculty meetings. He stated that the school will “try to adapt the data tickler system” so that it is useable. The school principal also believes that the Lifelines Lessons will become part of the “school fabric” and that all of the pieces are critical to sustain the efforts in this school. What he believed would be difficult would be the relationships with the crisis service agency; he stated that there was already little contact and he believed that transitions in personnel would preclude them from maintaining more than a working relationship. Opportunities for professional development will also be necessary for teachers and staff to sustain this project. For this to happen, according to the school administrator, funding would need to be available.

Recommendations

The SAT member recommended that this project be implemented in other schools as it was “worthwhile.” She compared it to the perceptions people may have about drugs and open discussions in the following statement:

Do it. You know, I think it’s worthwhile. You know, either other people who say this anti-drug program - if you talk about drugs the kids will use them - if you don’t talk about it, they are going to go away. Well, it’s not and, you know? Being open in discussing [suicide] I think is the first step for, you know, so any school that doesn’t have it. I would say get as many people involved in it as possible.

Summary

Prior to onset of the MYSPP in this school, very little was done regarding suicide awareness or implementation of strategies to prevent or intervene. The role of project school coordinator in the school was originally a shared role; however, the co-coordinator was unavailable for most of the implementation which was indicated as a challenge in fidelity to the implementing fully the project components.

Prior to implementation, two staff members had Gatekeeper training, but following implementation, 13 staff members were trained. Protocols were written and the staff has a

copy of a flow chart indicating procedures with suicide warning signs on the reverse side of the chart. The Lifelines component was not integrated into the Health course with fidelity; this instructor shows two movies and has discussions. The SAT process is described as “worthwhile” and is fully implemented in this school. This school does not use the data tickler system.

Many of the interviewees at this site stated that it was the “nature” of the teenager that was a challenging aspect of implementation. Other challenges included “time” (especially with a co-coordinator unavailable for most of the implementation) and administrative turn-over. Pieces they believe will be sustainable are:

- Lifelines
- SAT teams
- Staff awareness “reviews” at faculty meetings.

Uneasily sustained will be relationships with the community agencies and opportunities for staff trainings due to budget cuts.

Southern Region

Crisis Agency Summary

Services and Role in Suicide Prevention

This agency provides a wide array of mental health services to children, adults and families dealing with emotional issues, major mental illnesses, substance abuse disorders and educational disabilities. They offer outpatient therapy and medication management services, school-based practitioners and office-based practices in addition to crisis services, case management, and peer support services. Suicide prevention and intervention is a significant part of their crisis work.

Benefits and Changes

When asked if participation in the project resulted in any changes within her agency, the local coordinator at this agency replied that awareness was heightened on the part of crisis workers and other staff members in the local office. At least half of the staff received information about the project, provided by the coordinator at twice monthly staff meetings and she felt this brought attention to the issue of suicide prevention.

Participation in the grant increased (and improved, according to the interviewee) the coordinator's connection with community partners: hospice, the outpatient children's grief group, and the National Association on Mental Illness (NAMI). She collaborated with NAMI to conduct crisis intervention training for corrections staff. The coordinator also felt that the agency's public image benefited as they were seen by the community to have an interest in what was happening locally with youth.

Relationships with Schools

Local coordinators on this project were responsible for working with two schools in their area to implement the grant activities. It was expected that this would strengthen those relationships, improve student referral procedures and clarify expectations. This coordinator had only one school to work with at the start of the grant, the other was not on board until the second year. This may have affected the nature of the relationship, as the coordinator reported a good connection with the first one, but more difficulty forging ahead with the second. In fact, the second school was in the habit of using a different crisis provider and this did not change during the grant period.

There were some positive changes as a result of working more closely with the schools, most notably, a shift from the hospital E.R. to a less restrictive environment to assess and intervene. Instead of going to the hospital, there was more support to do assessments in the agency's offices, or at the student's home. Assessments could be done in the school, but most often parents and students prefer to go elsewhere to avoid drawing attention.

The coordinator believed that progress had been made with the schools to formalize the identification and referral of at risk youth and that those who took a special interest became clearer about when to call crisis.

Trainings

According to the coordinator, there was no suicide awareness training at her agency, however at least four staff members attended a behavioral health provider training offered by the project. Feedback on the training was negative, though written resources were considered to be 'good'.

Challenges

There were conflicts within the agency that made this work challenging. Disseminating information or conducting trainings to other departments was impeded by a cultural belief that youth suicide is a crisis issue that interfaces little with other departments. Support for non-income producing work by a crisis worker was not there, and it was difficult to carve out time for meetings, trainings, among others.

Community Agencies Summary

Agencies recruited to participate in the project in this area were extremely diverse in services they provide. The following agencies have been coded. Initials do not in any way correspond to agency name or title.

- A. This agency provides programs for the entire community from child care, aquatics, gymnastics, day camps, and youth sports programs, to adult fitness. The aim of the agency is to provide programs that build spirit, mind and body for all.
- B. This agency provides advocacy and support to survivors, families and concerned others affected by sexual assault, sexual abuse and sexual harassment. This agency offers services to improve awareness and response by providing prevention, education and risk reduction programs throughout this region.
- C. This agency provides a full range of professional treatment services for persons with alcohol or drug related problems are offered by this agency. They also provide family and co-dependency services to those affected by someone else's alcohol or drug use.

Baseline Information - Perceived Role in Youth Suicide Prevention

The interviewee at Agency H talked about their role in youth suicide prevention. She stated that they are “primarily a service agency”:

[O]n any given afternoon during the school year, we will have between 75-250 teenagers in this building, Monday through Friday. On weekends, the numbers will vary slightly, unless there is a swim meet or another event, in which case there could be hundreds of kids. So the staff here has a lot of contact with young people, both formally in programs and informally as a facility that's open. It's a membership organization, so members are welcome here any time, and a lot of kids just come out here and hang out for a place to socialize and visit with friends. So the role of the [agency] is that we're close to the youth population; we're kind of a hub in this community. In a lot of ways, we touch a very high percentage of the young people in [this] area.

At Agency J, formal clinical mental health assessments are completed when someone comes into the system and then with continuing clients, as part of on-going awareness. These assessments include suicide ideation. If this agency finds suicidal ideation or notes that the client is at risk for suicide or homicide, a clinical assessment will be conducted for next steps, whether it be calling crisis or creating a prevention plan. A client who is suicidal would then be sent to the emergency room. The interviewee explained that to engage in their services the client has to be stable.

Post Project - Perceptions of Agency Role in Youth Suicide Prevention

The interviewee at Agency A felt their role in youth suicide prevention was really a gatekeeper role as they have a number of programs for community members from infancy through high school. Many of the programs are structured, but there is also an open area for teens to spend unstructured time after school. The interviewee stated:

So that's what we have. So a lot of us, many of our staff are in contact with or get to observe teens and so we're in a position where we may be able to perhaps intervene or at least draw some concerns and we can pass them on around suicidal tendencies or behavior or just behaviors that might lead us to believe that there could be an issue with an individual. So that's what I kind of see again as a gatekeeper.

He also spoke about the agency's emphasis on maintaining a positive, nurturing, atmosphere, one in which they try to promote asset development and caring for mind, body and spirit. This he felt was a positive primary prevention step.

The interviewee at Agency I stated about her agency's role in youth suicide prevention:

It's automatically part of what we do. We serve youth who are trauma survivors. It's always a safety check. Youth get to us after they have been traumatized. However, our school-based education programs are really primary, secondary preventions so we are always paying careful attention at presentations and any time we have any alerts whatsoever we go to the teacher and guidance counselor.

As mandated reporters, they are required to report and not hold confidentially if there is cause to believe a client is at risk of harming themselves.

According to the respondent at Agency C, the role of the agency is to assess the client at the initial intake. She stated, "We've always had and it's part of our assessment our

initial intake, our evaluation has always been certainly suicide screening and certain steps that get put into place if somebody is either having suicidal ideation.”

Training

Two of the senior administrators at agency H had attended Gatekeeper training and training for trainers. When considering who to target for Staff Awareness training, they chose to limit it to staff members that had the most direct contact with youth. Gatekeeper training was considered an important benefit of participation in the grant by the staff at Agency I. The interviewee stated:

One of the most important aspects of this project is the training that staff has been able to access. We have had really good trainers and there hasn't been anybody that has gone from this agency, we have had three staff that have gone, that haven't come back with high evaluations of the content and the trainers.

Two of the agency staff members who attended Gatekeeper training also went to the training for trainers and in turn provided staff awareness for some of the other employees. Staff members who did not receive the in-service training received staff awareness as part of their clinical supervision which was integrated into the advocate training.

Agency J had two trained gatekeepers, one of whom had also had the training for trainers and was able to provide awareness training for staff.

Identification and Referral Procedures

All three agencies had developed protocols to guide identification and referral procedures. At agency H, the procedures for identification and referral in the protocols, require the staff to talk with senior administrators if they have any concern. If staff members believe there is imminent risk for suicide, they are encouraged to call the crisis hotline. The interviewee stated, “What we've tried to empower them to do is, if they do feel that there is imminent harm to an individual that they would contact crisis services and we've provided them with the 1-800 number.” This interviewee also mentioned the importance of supporting an individual returning to their programs following a suicide attempt. She said:

...if it was situation where it was a returning person that may have been a suicide attempt or failed suicide attempt and the person came back to the [agency], you know, I think there would be a discussion amongst staff to you know watch and check in with this person and support this person.

The staff from Agency H will sometimes see a written statement that causes concern. In this case, stated the interviewee the procedure is as follows:

We do written evaluations and on frequently just a card and our educators go through it immediately following each educational program and if there is, and it's very frequent that a kid will write something down that raises a concern and we take the card and go immediately to the designated person for that classroom.

For hotline callers, if there is a caller who is suicidal, this agency will try to get the caller to call crisis, or the operator will make the call to crisis. They can utilize either the crisis hotline or a warm line if uncertain about the level of crisis. After calling crisis and asking them to check in with the client, the agency staff or volunteers will follow up to make sure that action was taken.

At Agency J, all clients are assessed for suicidality on intake. If risk is imminent, they will not be enrolled for services, but rather crisis is called or they would recommend a residential placement if indicated. On an ongoing basis, clinical judgment is used to determine how often to assess a client for suicidality. They did have protocols in place, though not specific to adolescents, for how to respond to risk for suicide. The interviewee believed the protocol was "not specific to teens but it's basically any client and then it just goes through exactly what they as part of the admission process during treatment would indicate an evaluation of the presence of suicidality."

Postvention

Following a suicide of one of their members, community agency H's interviewee said that they would want to do whatever they could to support their members who he considered "family." He stated, "We would want to bring in, you know, counseling or therapy sessions for our staff as well as debrief the senior staff and management. The other thing is offering support to friends and other members...without divulging sensitive or too much information."

At Agency J, the interviewee did not feel they would necessarily be involved in a community response following a youth suicide. She expected that would be the crisis agency's role. When asked how they would respond if the youth had been in one of their day programs, she said, "I think we try to take precautions and realize that when there is a sui-

cide it does have an impact on other people potentially. Those others would be monitored closely, and offered additional support by the agency psychiatrist.”

Connections and Communication

Agency H is well-known in its community and had many longstanding relationships with other agencies, schools, and hospitals. They have been active in the Healthy Maine Partnerships, the United Way Save the Healthy Community Council, the county Board of Health and more. Through this involvement, closer relationships were developed with two of the local high schools, a homeless youth and a sexual assault services program, and the local crisis provider. It was helpful to know that others were also working on developing protocols for suicide prevention and going through the trainings.

The interviewee at Agency I felt her agency worked well with private providers, particularly for cross referrals, but that it was more difficult with the community mental health agencies, possibly due to the current economic climate and restructuring. Long waits for services were common. The staff from agency I also serve the schools and agencies that work with the developmentally disabled where they talk about safety, including self-harm.

At Agency J, the interviewee felt the relationship with their local crisis provider was “smooth sailing,” especially in comparison to what she heard from others at statewide meetings. They also worked closely with the local emergency room and hospital psychiatric unit as well. She mentioned occasionally receiving referrals directly from schools, but believed that more often schools would refer to a mental health agency.

Changes and Benefits

When asked if he they thought they were better prepared to prevent and/or respond to a suicide, the interviewee at Agency H had this to say:

I’d like to think we’re better prepared now than two years ago. But are we still where we need to be or where we’d like to be? You know that’s the unknown. And I don’t want to I’d like not to have to test this but I’d say we are better prepared because we do have something written down now. We do have something that we can disseminate to our staff that we can talk about. So in that regards I think we’re better and we’ve been able to make those contacts with Sweetser that we’ve talked about earlier and I think that’s a benefit that we didn’t have.

He also said that prior to his agency's involvement in this grant he did not think this was a topic they were thinking about. He believed, "It was like one of those things it was the last thing from our minds." He believed they benefited from having been involved in this project.

Training was considered a great benefit by agency I. Though they had always provided suicide awareness information to new advocates, they were able to incorporate new content from the project trainings. As a result of their participation in the project, the interviewee thought that the staff was more aware, language was different, and there were some changes in policies. This interviewee stated:

For the volunteer advocates, it's really a challenge for them to find the language to ask people outright if they are considering harming themselves and I think this particular project has helped us to frame it in a way with our volunteer advocates that they have a greater comfort level and I think that is really important.

Agency J responded on the benefits of participation in this statement:

Well certainly the training was something we probably wouldn't have done. I think the training probably would have been done somewhat more informally but in terms of having it be a very specific training that all the clinicians and staff were required to attend. I think that was probably something of value. Other than that I don't see, I haven't heard as I sort of talked with people anything else that has changed drastically.

Challenges

The only challenge noted at agency H was the difficulty in determining for whom the Staff Awareness training would be most appropriate. Agency J staff talked about the lack of psychiatric care, saying that there weren't any psychiatrists in their immediate community.

S1 High School Case Study

Setting

This school serves only students who reside in this town. The enrolled student body is approximately 447, with a teaching staff of 38. The average median household income is approximately \$52,023 and 15% of the students qualify for free or reduced lunch. This school has no school-based health center but rather has a school nurse whose time is split between the middle school and the high school. It has one LCSW and three guidance counselors.

Baseline Information

Prior to project implementation there were no written suicide protocols in place. Gatekeeper training had not occurred for any of the staff prior to the grant. Historically, the staff was instructed to go to the guidance office or the school nurse with any concerns about suicidal ideation or attempt by students. This school also had an “informal” Student Assistance Team prior to grant implementation.

Roles of Key Staff

Digital post-project interviews were conducted with five staff members who were key players in the MYSPP implementation piece. The project roles, the positions they hold in their school, their responsibilities in these roles as an integral piece of implementation and sustainability, and perceptions that these roles played in their suicide prevention and intervention efforts are described in the sections below.

School project coordinator. The school project coordinator is on staff at the project school and typically oversees implementation of the project, attends meetings, is responsible to the project coordinator and the crisis agency coordinator, among other duties. At this school, the coordinator was also a high school math teacher and the SAT coordinator. Her role as project coordinator is in “creating” a climate of staff awareness. She stated this included, “encouraging trainings, encouraging different programs, just learning to know how to notice it...understanding kids...and being able to approach them more confidently.”

School administrator. Administrator roles varied in project schools. They typically offer support to their staff and personnel and can be either actively or indirectly involved in implementation of the project. The administrator who interviewed for this school was the high school principal. This was the third principal since implementation of the project. He stated that his role in suicide prevention was to “be fully aware of student issues,” to meet regularly with the guidance counselors and social workers, and “if there is a concern about a student’s safety, to take the appropriate action – which could be a variety of things.” The principal believed that it was an administrative responsibility to be aware of services that are available as well.

Gatekeeper. The role of Gatekeeper at project schools are those who have attended the formal Gatekeeper training as provided to the project schools. For this evaluation, the Gatekeeper who agreed to interview is a high school social studies teacher. Along with teaching duties, she believes that her role of Gatekeeper is to be more aware of youth who might be at risk for suicide events and to provide some guidance for that student. She stated that she is “conscious of things that...should be brought to the attention of someone else to deal with.” She stated that school personnel or students rarely approach her with concerns. However, when she has a concern for a student, typically because she notices a difference in a youth’s behavior, her role is to then inform one of the three guidance counselors or the school nurse about those concerns. She stated that this is the extent of her role in this school, “The guidance department is part of the student assistance team, so, you know, my job is to teach the courses. Once I have made that referral, I have made that referral.” Because of confidentiality, she stated that she does not follow up to see if that student received services.

Lifelines. The Lifelines instructor is typically a high school health teacher. There are two teachers in this school who also teach Physical Education and who are responsible for implementing the Lifelines Lessons in their health classes. This teacher believed her role was to help the youth understand that she is one of the “people on the list” that they could go to with a concern.

SAT team member. Establishing a SAT was a required component in project schools as part of the SAMHSA grant objectives. As a team, teachers and administrators were to meet on a regular basis to help identify and refer youth at risk for not only academic failure, but also for mental health and suicide prevention issues if concern was raised by either a staff member or as indicated on the data tickler system in each school. The SAT member who volunteered to sit for an interview for this project was a guidance counselor but she is also trained in social work. Her role as a guidance counselor is primarily with ninth graders. She stated that she takes referrals from staff, assesses the risk factors and contacts the parents if necessary. She will also refer to the SAT. Her role as a SAT member is to help identify and discuss with other members the next steps in supporting a youth that the team believes may need more intervention. She stated that she receives several concerns about students from teachers and staff on a daily basis.

Other key staff. Members of the school who are involved in the school's suicide prevention efforts but who were not interviewed for this evaluation are the school nurse and two other guidance counselors. These personnel were identified as being key in referrals when faculty or students had a concern.

Perceptions of the Role of the School in Suicide Prevention

Each interviewee was asked what he or she perceived to be the role of a school in suicide prevention. The school coordinator believed that the school should make efforts to identify and respond because of the amount of time a student spends in school. She stated, "We are with the kids so often...we see signs and everything or we probably see more signs than people outside that may not see the kids." The school administrator stated the role of a school should be "proactive" and "vigilant" in identifying risk and further, to "take whatever action needs to be done."

The Lifelines' instructor believed that the role of the school, and in particular school staff, is to be aware and responsive to warning signs, and to be prepared to address a student's concerns. She stated:

I think it's being able to recognize, you know, warning signs when they exist and also being prepared if a student comes forward to someone with a concern to a. know how to recognize it and b. know what steps to take from there as opposed to going into, oh I don't, you know, a panic state of not knowing what to do and, you know, doing quote, unquote, the wrong thing or not knowing how to handle it, not the best scenario for a student.

Project Components

Protocols. According to the school coordinator, suicide prevention protocols were written by a team of people that included the first principal who was on staff at the time of the project implementation, the school nurse, two teachers and the project coordinator. The school principal and the Gatekeeper, a teacher, were not aware of any suicide protocols in place in this school. The SAT member, a guidance counselor, stated that she is very aware of the procedures for referral and that there are guidelines regarding self-disclosure, weapons, suicide attempt both on and off school premises and the aftermath of a student suicide. She did not disclose if those protocols were written or how or if they were made available to the staff and school faculty.

Lifelines Lessons. The Lifelines Lessons in this school is taught at the sophomore level. It provides their students with the majority of the information youth receive about suicide awareness. Stated the school coordinator, “You know, with the movie and activities that go along with it and the talking and stuff like that, I know it creates some really good conversation so I would say that that is probably their primary source of information.” The Lifelines instructor believed that it was a “very solid curriculum” and very productive; however, she stated, because she prefaces the Lifelines with another mental health curriculum, many aspects of the lessons repeated and it felt more like a “review.” She believed also that Lifelines was primarily focused on intervention and not as much on prevention. She stated:

I guess on my own I did more of the prevention part and I felt that it was very time consuming just on intervention where I like to kind of double my time with let’s try to prevent this from happening, but if it should, you know, then here are your tools and your steps and things like that. You know, and it was a lot of review and going back and sort of hitting the same things again and again.

She stated that this curriculum was beneficial in that “it opened...good dialogue. I think that it’s a topic that’s difficult to talk about, but I think kids are very receptive to it and are very appreciative that someone will talk to about it.” This factor also, she believed, kept students engaged in the lessons even though it was a “tough subject.” This instructor did not use any other funding or supplement the Lifelines lessons in other ways. She stated that the video, activity sheets and charts were helpful in implementing the curriculum. She stated:

I think it gave me some more tools with the videos, things like that. I liked a lot of the activity sheets, and the charting I thought was really good with, you know, the fact, and, being able to, you know, you know, have the kids get an understanding for the feelings, the actions, and those different things. I think anytime you can take something up here and make it visual, I think it makes it more concrete and understandable for students.

For the most part, this instructor believed she taught the curriculum with fidelity, with the exception of leaving out “repetitive” or review information on the warning signs of suicide, that she had “already covered in some way prior to.” When asked what she thought was the most important thing the students learned from the Lifelines Lessons, the instructor responded:

[T]he curriculum really focused on empowering kids to help other students and feeling like they would be able to do that... here is a huge role that you could play in a person’s life and here are the skills to be able to do that and hopefully, the confi-

dence to be able to do that ...they truly recognize that in most situations if someone is considering suicide, it's going to another friend that's going to be the first line of defense that's going to hear about it or have to recognize that and they totally get that...

SAT. This team is specifically designed to meet on a regular basis with the objective of helping to identify and respond to youth who might be showing signs of academic or social stress. The school coordinator indicated that she is also the SAT team coordinator. Other team members included all three guidance counselors, the athletic director, principal, assistant principal, the school nurse, the school resource officer and the social worker. The alternative education teacher will also meet with the group once a week while teachers join the team when they meet after school hours. She stated that this team meets "every second and fourth Monday afternoon" and that they follow the guidelines set in the SAT training that the team attended during the project. She says that the majority of the time, a student has been identified by the staff as potentially needing some intervention but when there are no staff referrals, the procedure is to move forward with a referral from a guidance counselor. The school coordinator stated:

We do our talk about students. Hopefully we have referrals from staff. If that doesn't happen, then any of the guidance, because there are a couple of guidance members are, may bring up names, and then we basically just go through the motions of deciding whether to accept the student. If that happens, then we will sort of do the research part and then, you know, talk to the kid and then we'll do the actual planning, then just see how it goes, and continue to update and see if anything is changing.

The school administrator was "impressed" that the SAT was in place and had established an efficient and reliable system for identifying students as well as a system in place to "come up with a plan." His response:

I am just impressed that they are willing to find the time out of their busy schedules, their full-time job, to do this with no compensation whether it be money or additional release time or a reduced caseload or teacher load, so my first impression is very, very positive.

The SAT member who interviewed for this evaluation explains the school SAT process as having two active teams:

We have two student assistance teams here. One is every Friday morning and we meet with the students, we have a regular caseload of students who are very high risk, a potential of dropping out, that kind of thing, academic problems, and then we have another student assistance team that has a more formal protocol and we meet

maybe twice a month in the afternoon and we bring up students who aren't as visible, you know, we get referrals from teachers and who may be really needy but maybe haven't risen to the surface of failing all of their classes, and we take them on, again, they are assigned to a case manager and we give them additional support.

She adds that the majority of the referrals to the SAT comes from teachers and that this process, for both SAT teams, is helpful in identifying and responding to students who might be at risk. She described that when a student has been identified the team "puts their collective heads together and figures out a plan of action." She continues that this team will follow-up on a student and if necessary invite parents to a SAT. This referral process is described below:

So we get a referral. We talk about that student and then we decide if the student assistance team is going to pick up that student if that student is appropriate for the student assistance team because sometimes they have, you know, if they have an IEP or a 504 or some other plan then they wouldn't be appropriate, but we can still, you know, tell whoever is managing that student. Once we decide to pick up a student, I really like that we bring, we meet in here, and we use that whiteboard, and we brainstorm all kinds of different things that we could do and then we take from that and that I think is one of the most helpful things is just to be able to, you know, throw over the top any idea that comes up on that board, it's really helpful and then people, you know, somebody becomes the case manager and we just start working our way through the list.

When students are referred to services outside of school for suicide concern, the SAT member stated that 100% of the students who were referred received services.

Data tickler system. The data tickler system was designed to work in conjunction with the SAT for use in identification and referral of youth at potential risk of failure or mental health concerns. The school coordinator at this school stated that the project database was not used. She believed that the "manpower" at the school was limited and that the school-based PowerSchool database had already been implemented. Therefore, it was explained, to input data into two separate databases was redundant and time-consuming, especially with limited staff members. This school used the information already collected and filtered it by absences, grades, tardiness, suspensions and school detentions in an effort to identify youth who might be at-risk. When asked if the SAT team used this collected data, the school coordinator responded that this data was used when there were no referrals from the guidance counselors. She stated:

[W]e may look at that [database information]. I mean, a lot of kids on there are the ones that we already know and either are working with or are in other services. I think last year it popped up maybe one that kind of had flown under the radar that we are able to sort of discuss and go from there.

The social worker whose role was also as an SAT member stated that the data tickler system was on the “periphery” of the SAT process, but that she had easy access to Power-School, and that she would use that database to get any information on a specific student. The high school principal was not familiar with the data tickler system at all and asked the interviewer, “What is it?”

Training

- *Gatekeeper.* Twenty-seven staff members were trained as gatekeepers through the project grant. The Gatekeeper believed that this training was helpful and that she is more aware and more confident in her ability to identify and respond to students who might be at risk for suicide. The Lifelines instructor believed that the Gatekeeper training was a good “refresher” course for her, but added that overall the training increased the connections between the staff and students. She believed that students and staff members are more comfortable asking for help if there is a concern.
- *Staff awareness.* Staff Awareness training is typically done with the whole staff at the project school. The school coordinator stated that members of the faculty participated in an hour and a half Staff Awareness training the previous school year, or the year before, but at the time of interview, had not yet conducted this training for new staff members or reviewed the protocols with the school personnel. The school coordinator also stated, “We haven’t successfully found a time for, you know, the staff like the bus drivers and stuff like that, so it’s really just been the teachers.”

The school administrator was asked how his staff became aware of the suicide prevention program in this school. He stated that he has, in the past, contacted the state department and provided Gatekeeper training as part of an in-service day. He also stated that faculty meetings will be used to announce the activities of the SAT so that teachers are aware of this process in identification of youth who show signs of risk.

- *Lifelines.* The Lifelines instructor took the training prior to implementing the curriculum in her health classes. She stated that this training was helpful in that it gave her a different “approach” to teaching suicide awareness to youth.

- *SAT.* The members of the SAT team had the required training through the MYSPP project grant. There is no data regarding the staff perceptions of the SAT training.

Connections and Communication

Staff-to-staff relationships. Speculatively, the staff seems to have established good working relationships with each other. However, there is no direct data from the interviews to support positive or negative relationships among the staff in this school.

Staff-to-student relationships. The staff relationships with students have been observed by the Lifelines instructor to be “strong.” When asked if the procedures for referral are clear to students, the Lifelines instructor explained that lines of communication are open:

I think that’s one of the strengths of our school is there is really some strong connections between students and staff and I think that a lot of those things happen in a very natural manner and I think, you know, and then now with the additional staff having the Gatekeeper training I think that’s really, really helped that connection. You know, I think our students ask for help when they need it.

Relationship with crisis agency. Although the school coordinator believed that a closer relationship with the crisis agency had been established as a result of the project implementation, she did not mention the on-going nature of that relationship. She believed that the area crisis agency had had a more interpersonal relationship with the students at the school in previous years, including involvement in a now defunct after-school program. Also, scheduling for several meetings were attempted, none were scheduled with a group from the school.

We worked with [name] and I really, I went up there once and met her. She came down here a handful of times so yeah, we didn’t really, I don’t know if we actually met as a like a group, you know, with all of the schools and everything as often as she wanted to because I remember she mentioned trying to get schedules and stuff and then I never really heard from her, but...

The school administrator did not have any contact with the crisis service provider at the time of this interview and did not know what resources were available to the staff at this school. He indicated that he had only been at this school for five weeks.

Relationship with community agencies. The school coordinator stated that she thought the relationship with Center for Grieving Children had been improved because of

student deaths during the project (not suicide related); however, she believes that other agencies are contacted only on an as-needed basis.

Relationship with parents. This school does not seem to have established relationships with parents. The school coordinator had wanted to plan a night to train parents about the signs of suicide, but at the time of the interviews, that had not yet happened. Information about suicide is provided to parents on an as-needed basis. No other suicide information is sent to parents otherwise. The school administrator believed that the relationship with parents proved to be one of the school's biggest challenges. Parents became "defensive" when informed about concerns school personnel had for their child, and this presented barriers to support the student according to her/his assessed needs. The SAT member corroborates that establishing trusting relationships with parents is the school's biggest challenge to getting support for their students.

Project Implementation Challenges and Supports

Challenges. One of the challenges in keeping or maintaining fidelity to the project for this school was administrator turnover. This school had three different administrators in as many years. The school coordinator indicated that it was difficult to get approval for the protocols or even to assess school preparedness when responding to students because she was not aware of the level of knowledge, support or involvement in the project of her present school administrator. Finding the time was also a challenge for the school coordinator. She stated:

I mean I think probably the biggest thing that, I mean my personal challenges were time, you know, and then like that protocol, getting it written and feeling good about it and then not being able to sort of move it through, you know, like relying on other people to sort of get it through the stages.

Supports. There is no interviewee data that shows supports perceived in this project.

Changes in Identification, Referral and Student Supports

The key personnel who volunteered to be interviewed regarding the project were asked to respond to their perception of the school's readiness to prevent or respond to a student suicide or a suicide attempt, and also if they perceived that this has changed since the implementation of the MYSPP project. The school coordinator believed that the staff and

she were much more aware and comfortable with the procedures in place, and that that preparedness had changed since the project was implemented. She stated:

I get the feeling that the staff definitely feels a little better having, knowing the direction they need to go if something comes up, so, I mean, I'd say that we're pretty prepared and, again, guidance and the nurse have been pretty much dealing with this probably their whole profession so it's nice to have them as resources for the rest of us, so I think they're pretty on top of it.

When asked if she thought the faculty was prepared to identify and respond to a student who might be at risk for suicide, she believed the majority of the staff was prepared; however, even though some staff members were still uncomfortable, supports for identification were in place. She stated, "I think they are probably more aware of the signs, but they may not be the one to approach the student, but they know where to go if something comes up."

The Gatekeeper and the SAT member corroborated her perception that the staff is more aware as a result of this project. Another change the school coordinator has seen in the school's response to suicide is a general attitude among the school staff that they would appreciate more training.

The school principal believed that the level of the SAT response to youth, and especially after the team had received SAT training, had changed during the course of the project. He stated:

We now have a formalized SAT whereas, we are actually taking steps that are being monitored and we will be case managing... before it was just general dialogue and discussion with maybe one person saying well, I'll do this and another person saying I'll be doing that.

Changes in Student Awareness

The Lifelines Lessons in this school is stated as the change agent in students' awareness about peer suicide prevention and intervention. Since its implementation; however, the Lifelines instructor has not observed another student reporting a concern for a peer so she couldn't support that students are aware of risk in another student. Other staff members responded that teachers, guidance counselors and parents are more likely to make referrals, and did not mention students as identifiers of their peers.

Challenges in Identifying and Supporting Students

For the school coordinator, one of the biggest challenges in supporting students is the perceived attitude that this is a “scary” topic for most staff. She believed:

You kind of just want to hope it’s not true and not really deal with it because it is a huge thing...I mean, usually you say something to someone but it’s just the urgency of it always feels a little overwhelming, you know, and just being the one to have the student open up, you never what you are going to get. So, yeah, I would say the challenge would definitely be it’s not the easiest topic to discuss.

Another school challenge is transitioning youth from mental health placements back into school. The school coordinator believed that the issue of confidentiality often impeded the staff from providing better ways to help teachers become aware of the mental health placement and that students may need more support. Stated the school coordinator:

I know a couple of cases the kids have actually just walked in and not, we don’t know that they are back, you know, we have no time to sort of transition them back and I know that that has been kind of a big deal and I know that there have been attempts to try to call the service providers and just see, you know, what’s going on and they’re just not getting anywhere with it, so that has been our big challenge.

According to the school administrator, the biggest challenge in supporting students is making sure the parents of students realize that school personnel are there for support for their child and are not “being accusatory” when youth are identified. He stated:

I think a lot of parents sometimes become defensive, you know, that, you know, this wouldn’t happen to my child and they’re afraid that there may be a public perception and we have to convince them that, no, we’re all here together to help their child...It’s a big challenge.

The Gatekeeper, who is also a teacher, stated that one of her challenges is “being busy” so that she doesn’t “think of those things.” She believes that students can fall through the cracks because of the pace of “day-to-day” activities.

Another challenge identified by the SAT member was the negative response from parents when the staff (and especially the SAT) has identified a youth for potential suicide risk. She called this refusal to get services “sabotage” their ability to help their students, “Their parents don’t, you know, they don’t, for whatever reason they don’t believe in getting help. They don’t want their child to have help, so that’s a hug, well it’s not huge, but it can be an obstacle. It’s not nice having parents sabotage their ability to help.”

Project Benefits

One of the benefits of the project, according to the school coordinator, was the various trainings provided to the staff on suicide awareness, and especially the SAT training. As well, including the middle school staff in some of the activities and providing Staff Awareness training to this group of faculty, the school coordinator believes will aid in youth transitioning from the middle school to high school. The school coordinator responded:

[T]he middle school has sort of picked up on where we have gotten to and developed their own SAT, gone to the training so I think that will be a great transition from middle school to high school. You know, we will sort of pick on these kids a lot of sooner. That's one of the hard things is that it takes us, you know, two months to sort of realize a kid is struggling and, you know, especially when they come in as freshmen, so I think those two are probably the key pieces.

The Lifelines Lessons in health classes is also cited as a benefit that came from this project.

Sustainability

Project components that interviewees agree will easily be sustained when the project has been discontinued at this school are the SAT process, the Lifelines Lessons in health class and Staff Awareness training.

Factors that would support sustainability would be more funding, especially to provide compensation or stipends to help the staff who typically volunteers after school hours and for suicide awareness training. The school administrator believed that the Train-the-trainers Gatekeeper training will also support Staff Awareness training for more sustainability.

Sustainability challenges will be any training that requires funding for staff members, unless they pay for themselves. The Lifelines instructor also stated that time to implement the curriculum will be a challenge.

Recommendations to Other Schools

When asked about recommendations to other schools that were thinking about implementing a school-wide suicide awareness project, the school coordinator responded that she would advise the schools to be more aware of the various roles and resources the project

can provide to them. She felt that she was unclear about the roles and responsibility of project personnel outside the school, as well as roles of the staff involved in the project:

I think it would be nice to have a better understanding of what they, sort of, could do for us. I don't know if I ever really got that out of this, but, I mean, I think that other personnel in our school sort of understand their role, but, you know, I don't know if I would know to go to them for anything. You know, I don't think that that would be my call. I think I would probably use other resources that I had either here, or the crisis hotline, or stuff like that.

The Gatekeeper recommended that as many staff members as possible be trained as formal Gatekeepers to increase staff awareness around issues of student suicide. The SAT member, a guidance counselor and social worker, believed that schools need to be “tenacious” in their approach to implementation. She stated:

I think they need to be tenacious, you know, because I don't think it's easy to, you know, we are very lucky to have a lot of staff and a lot of staff who really care. I know schools don't, having worked in other school districts, I know that's not always the case, but I would say that any school that has a group of teachers that want to write this grant and get involved, they just have to be very tenacious and hang in there because it is so important and helpful.

Summary

Prior to implementation of this project, very few procedures or activities were in place regarding student suicide prevention and intervention. After implementation, 27 staff members and faculty members were trained as Gatekeepers, the SAT referral process was established and concerted efforts by this team were stated as “impressive.” This school now teaches Lifelines in two separate health classes and is the agent for student awareness about suicide issues.

While several of the components of the project are in place, challenges for this school included:

- High administrator turnover, which impeded the progress of producing written or finished protocols for teachers and staff members.
- No written procedures or protocols seemed available to the staff, nor are new staff members made aware of the protocols or guidelines for referral.
- Inconsistent on-site suicide awareness training – interviewees believed that this training occurred two years prior to the evaluation interview.

- The data tickler system, as introduced by the project, was not utilized by the SAT staff primarily because another database, PowerSchool, was already in place and there were limited staff members available to enter data into both systems.
- Lack of parental support when youth were identified as at potential risk for suicide. Sustainable practice and components will be the SAT referral teams, the Lifelines Lessons, and Staff Awareness training through the staff who participated in Train-the-trainer Gatekeeper training.

S2 High School Case Study

Setting

There are four towns served by this project school. The average median household income is \$43,940. This school enrolls approximately 979 students, with a teaching staff of 117. Fifteen percent of the students qualify for free or reduced lunch. This school houses a school-based health center with one FNP, one licensed clinical social worker (LCSW) and one nurse. There are five LCSWs who work with this school with a guidance staff of four.

Baseline Information

The school coordinator was a licensed social worker. This school had not formally addressed suicide prevention and intervention at the onset of this program, although, according to the coordinator, there was a generic crisis protocol in place at the start of the project which did not address specific suicidal events and procedures, and a few individual staff members had taken advantage of relevant suicide awareness trainings (the coordinator was a trained gatekeeper). While there was a crisis policy on what to do if a student had access to a weapon, there was no routine method of ensuring that all the staff was familiar with it.

Prior to MYSPP implementation, when school personnel had a concern about a student, several people were in place to which they could take that concern. This school had one full-time and four part time social workers in addition to guidance staff, as well as a school based health center where students had access to a mental health clinician. This team had been trained in “therapeutic intervention,” but the school coordinator states, it was “just intuitively” that the staff knew to whom to refer the student. It was understood that crisis services could be called to come to the school or to meet them at the emergency room. There was no way to track the severity and frequency of events and/or whether any further referral

was necessary or services were received and a plan to transition students back to school from a mental health or extended absence was only in place for Special Education students through an Individualized Education Program (IEP) that was already in place.

Other supports in place for students in this school included special programs such as the Therapeutic Alternative Program (TAP), and the Support, Transition, Assessment and Referral (STAR) program. Once identified, a student would be brought to the attention of one of the social workers or an administrator, and could be referred to the clinician at the school based health center, or one of the social workers, depending on the assessment. Referring to outside providers did not seem to be a common option.

The school coordinator indicated that there were community agencies available to help support students in their region, but she also emphasized that one of the challenges this school faced was an effective communication system when multiple agencies were involved in supporting a student at risk of a suicidal event. She stated:

That's sort of one of the frustrations of this district is that there's so many people doing the same thing but sort of hiding the themes, you know so I don't know, I know when we sit around and collaborate and talk there are certain names that come up and others don't, but [names crisis service agency]'s our primary local mental health.

Post Project Information - Roles of Key Staff

Digital post-project interviews were conducted with five staff members who were key players in the MYSPP implementation piece. Their project roles, the positions they hold in their school, their responsibilities in these roles as an integral piece of the implementation and sustainability, and perceptions that these roles played in their suicide prevention and intervention efforts are described in the sections below.

Project school coordinator. The school coordinator for this school was a full time social worker employed by the school. She provides services to regular education students, participates on the Student Assistance Team (SAT), and oversees the implementation of other special activities. She was the go-to person when staff members had a concern about a student's risk for suicide, conducting preliminary assessments, and determining the appropriate action to take. She also participated on other committees, such as a homeless project which looked closely at homelessness in their student population, as well as the school drop-out prevention committee.

Her role also included acting as the liaison between the crisis agency and the student's therapist, if there was one, as well as coordinating with the family about treatment and how best to support the student in the school setting. She stated:

I can actually do the assessment, preliminary, and then if I think more needs to happen, I'll be the liaison between [crisis agency] or the kid's therapist, depending on which route is best and then to coordinate with the family about treatment and to make sure that that student has supports upon either coming back to school or, you know, if they are out of school for awhile.

School administrator. Administrator roles varied in project schools. They typically offer support to their staff and personnel and can be either actively or indirectly involved in implementation of the project. In this high school, the principal was interviewed as the project school administrator. The school principal acknowledged that his role at this school, where there are available resources such as several social workers and guidance counselors, as well as a school based clinic, has been much more hands-off than at the smaller high school where he had worked previously. His role here was to "clear the way" for his staff to do the work they needed to do. He stated:

My role has been to facilitate the work of the person who has been coordinating this grant. I have assured her that she has access to the faculty in professional development time, allowed teachers to get a release day to go for any kind of training they might participate in out of district, allowed her to have access to the students to coordinate activities, so basically just clearing a path for the people involved in this project to be able to do the work they need to do.

Gatekeeper. Seven staff members went to Gatekeeper training during the grant period and, at the time of interview, this school had thirteen trained gatekeepers, many of whom were teachers, and two of whom attended Train-the-Trainer (TOT). They provided the Staff Awareness training. Further, at the beginning of each school year during a staff meeting, the gatekeepers were identified so the rest of the staff would know whom they could access for support when concerned about a child.

The gatekeeper who volunteered to be interviewed was a special services teacher in the high school. She stated that she was the case manager for about 20 students and teaches a class called Literacy Learning where students come for extra academic support. This Gatekeeper also had an advisory of 13 first-year and sophomore students that she would

meet with every day who had been assigned to her alphabetically. She was also the Gay/Straight Alliance (GSA) faculty sponsor at this school.

As Gatekeeper, she responded that her role was to speak to a student if she noticed anything uncharacteristic in behavior. She reported that she had taken action on two or three or incidents by going to the social worker which resulted in the student receiving services. She believed it was also her role to:

...be able to say the word and hear it and not freak out and tell the student, oh, that's not what you mean or you don't really mean that. Everybody says that, but you don't really mean it. To give authenticity, to what they are saying, to validate their feelings at the time and to take them seriously, take them to the next step so that they find somebody they can talk with.

Lifelines. Typically, the health teacher is responsible for integrating the Lifelines Lessons into the required Health education course. This was true of this school. Besides his teaching duties, this interviewee considered his role was as follows:

Myself, personally being the health teacher I actually teach a health course in which suicide prevention is part of that class and I also look at myself as a resource that kids can come to and know that I can point them in the right direction and help them identify people who might be able to help them or someone that they know should they be contemplating suicide.

He believed the Lifelines lessons accomplished the goals of increasing knowledge, attitudes, and skills in students and that the students were "interested" and engaged.

Student Assistance Team (SAT). Establishing an SAT was a required component in project schools as part of the SAMHSA grant objectives. The interviewee for the SAT team component was the school guidance director. In addition to being the head of her department, she was also the assessment coordinator. She indicated that each of the guidance counselors had a caseload of students of approximately 225-250 students each.

As an SAT member, she believed the role of the team in this school was to reach out to students after others (teachers, guidance counselors, support staff) had made efforts to intervene and provide support, but could see that more help was needed.

Project Components

Protocols. This school did not have any written protocols specific to suicide prevention and intervention outside of their school crisis plan prior to implementation. After pro-

ject implementation, suicide specific protocols were in place and this component was noted as “one of the benefits of the grant.” Review of these protocols by the evaluation team showed that developed protocols for suicide prevention, intervention and postvention, included most of the essential components but was unclear regarding designated staff members who would be contacted to meet with a youth in the event of suicidal concerns or how staff persons will be designated. The postvention protocol clearly delineates responsibility, explains what should be done to inform and support staff and students; and how to identify students who may be at high risk for copycat behavior. It also covers appropriate and inappropriate memorial activities.

All interviewees responded that they were aware of the protocols and procedures and each had been given a copy. Plans for new staff members were going to include being given a copy of the crisis and suicide protocols as they came on board.

This school had not experienced a student death by suicide, so experience with their protocols was limited to identification and referral. Each interviewee believed that the procedures as outlined in the protocols were clear and precise, and that they had lists of Gatekeepers in the school as part of their protocol. The Gatekeeper who was interviewed also posted this list for students, in the event that a student may be more comfortable seeking the help of a specific teacher or counselor.

Lifelines. The Lifelines instructor believed that this component was responsible for the increased level of awareness of peer suicide warning signs and risk in the student population. He stated:

They certainly understand the importance and I think that based on my experiences after we’ve, you know, that kids are really, are really listening. I had actually kids this year who came to me and concerned about a friend and...one of them I had last year and one of them I had the year before. So they definitely understand and then we have had some kids who in their own families have had suicide so they know it’s important.

Even as this teacher implemented the lessons with fidelity to the curriculum, one of the challenges he indicated was “time.” He believed that the 4-day unit was “difficult” and affected the rest of the curriculum he needed to cover, but he did not make any modifications and taught Lifelines as written. The most important lesson he believed his students

took from the Lifelines course was “that it’s ok to ask for help. That it’s not a sign of weakness and really to err on the side of caution I think is really important.”

SAT team. As a team, teachers and administrators were to meet on a regular basis to help identify and refer youth at risk for not only academic failure, but also for mental health and suicide prevention issues if concern was raised by either a staff member or as indicated on the data tickler system in each school. The team also functioned as a consultant to parents as well as to the school staff who had been working with the student. Together they would develop a plan of action for this student. This SAT member was asked if the team process was helpful in identifying students. She responded:

I think it’s helpful. I think its one resource. I think eventually what happens is pretty much the student’s counselor that has that section of the alphabet is pretty much the case manager regardless of whether it goes to the SAT or not, so many of the services that the SAT suggests, they are already being provided. It’s more like coordinating things.

The school administrator believed that the SAT “is kind of the catch-all for any student that is having difficulties.” He believed the effectiveness of the student assistance team was because it was not “reactionary.” He stated, “Everyone is sitting at the table, you know, parents, teachers, assistant principal, guidance, so it is very helpful to help the students address the issues that they may be having.” One concern that he did have was that the SAT process was not designed to catch the kid who might “slip through the cracks or is in the back of the room under the radar screen.”

Designed to aid the SAT process, the data tickler system (described below), proved to be ineffective in this process. The SAT team member stated that it was rarely used as a way to identify students at risk, and that only one or two school personnel had access because of the high concern over maintaining confidentiality.

Data tickler system. The data tickler system was designed to work in conjunction with the SAT for use in identification and referral of youth at potential risk of academic failure or with mental health concerns. The school coordinator felt it was difficult to implement a “canned program and try to make it our own,” although she saw “the value” of tracking youth. She stated, “The piece that made the data system so complicated was I saw the value in it and it was a passion that I want more information gathered. I wanted to be able to track more stuff, but it was hard to do and so it frustrated me a lot.” She mentioned that Infinite

Campus, a program that will be required by the state, will “blow everything they already did out of the water.”

Another challenge in implementing the data tickler system was “trying to get it to work” with their current system. She stated that budget cuts and staff cuts make it difficult to use separately. She said, “We need to make it as seamless as possible, you know. So we do, we do a lot of screening for other stuff, not just suicide and stuff...to be honest with you, the data system was not the highlight of the project for us.”

Other key staff. At the time of the post-project interview, there were still six licensed clinical social workers in the building, one was a teacher, one a guidance counselor and four provided social work services. There was also the school based health center and nurse practitioner. All were involved to some degree with implementation of the suicide prevention project. Most of the counselors had had some Gatekeeper training either recently or in the past. The guidance director and SAT member who was interviewed, felt they held key roles in that “...we are often the first person to sit down and really in depth discuss with a student whether indeed a risk exists and take it from there.”

Perceptions of the Role of the School in Suicide Prevention

Many of the interviewees were asked what they believed to be the role of a school in suicide prevention and intervention. According to the school coordinator the guidance counselors are the gatekeepers. She stated that as part of the school personnel, they are the “first line of defense” for kids:

We see these kids, you know, a large percentage of their lives and a lot of the situations we know these kids better than their families know them because they are not opening up to their families. We are the first line of defense a lot for these kids. They come to us and for the most part they begin to feel safe in an environment like this. Our programs are designed where we have advisory, which is designed so that each kid has a connection to an adult in the building, so I think it's our role because we know these kids and we see if there is changes in their behavior, changes in their grades, changes in their peers. We are more likely to see that than any family at home.

When asked what she believed the school's role was in suicide prevention and intervention, the Gatekeeper stated that the school had a “pivotal” role in identifying youth who may be at risk, and especially the staff who were not just “faculty.” She stated:

...I shouldn't just say teacher - staff because in our case...I think the staff of a school – whether it's maintenance or kitchen staff or whatever – are just as important, if not more important, than the teachers in the classroom...I remember...I was in a new school I was terrified and how important it was to see that smiling face and I would go back again and again to the same person in line because she always seemed glad to see me and I think that for kids that are scared or kids that are thinking things through and they just need safe harbor and sometimes it's in somebody's eyes. Joe (pseudonym), our wonderful janitor, is incredible. I can't imagine the good he does just by being in this building and so, I think it is our most important role is to be open to listening and watching. I think kids say an awful lot with body language and with their expression, especially kids that are scared. They are not going to say it out loud often.

The Lifelines instructor/health teacher saw the school as “a first step into further treatment for a student.” She also stated that along with academic preparation of students, another component of a “modern” high school that has become clear is “that we need to take into consideration students’ well being and quality of life issues and personal issues in order for them to achieve academically. So suicide prevention is a key component of the well-being piece of education.”

The school administrator agreed and commented further that this faculty is “quite good” at identifying potential concerns in the school. He stated:

If they do notice something out of the ordinary, they will speak to students and if they are not comfortable speaking to students they will refer to guidance or a social worker or someone else. The last five years we have developed a fairly comprehensive advisory program whereby four days a week students check in first thing in the morning with their classroom advisor and then on Wednesdays, one day a week, they have a 28-minute period where they might do different kinds of activities with their advisor. They have the same classroom advisor for four years ...to ensure that virtually every student in this high school has an adult they can connect with and get to know...and that purpose is for them to help a student with any issue that may come up. Now the advisor may not solve the problem or address the problem directly, but they would certainly be able to refer to the student to a place where they can get the help that they need.

Training

An integral piece of implementation of the MYSSP was staff training in suicide awareness and in identification and referral. The school coordinator was asked to provide training information to key players in the project, and to help coordinate on-site suicide

awareness training for all school personnel. The following trainings and staff perceptions of the effectiveness and function of those trainings are described under the subheadings below:

Gatekeeper training. Seven staff members volunteered to attend the Gatekeeper training that was offered by the MYSPP as part of the grant. The interviewees who attended Gatekeeper training found it helpful in identifying warning signs and risk factors in youth and responding to concerns of other staff members or students. Stated one Gatekeeper, “I think the program has been great and I really liked the role playing we did.... a lot of the information you got was very interesting and helpful in terms of, you know, don’t have blinders on, look all around because it’s not all ages, backgrounds, etcetera. Like that. That was helpful”

Staff Awareness training. Staff Awareness training had been conducted in the first year of implementation and was ongoing. The administrator at this site reported that all staff, across the school, received at least 30 minutes of reminders and information about suicide prevention yearly. One Gatekeeper also mentioned that staff awareness was ongoing in this school. He reported that the staff was receiving email reminders consistently about who the Gatekeepers were in the school. When asked if these actions helped to raise the level of staff awareness about suicide she responded,

Oh, I think there is more awareness because we had a, you know, at a faculty meeting or whatever I remember [school coordinator] went over the whole protocol with everybody, so, you know, everybody was there and supposedly was on the same page and everybody got a copy of stuff and everybody occasionally gets an e-mail from her usually because she sort of coordinated the project...reminding the warning signs of suicide and reminding people who are the gatekeepers in the building and stuff, so it’s been helpful I think.

The school administrator agreed:

Well, yes. I think the faculty is much more aware. I mean, we have looked at statistics we have looked at numbers. This first day of school I spent about 15 minutes speaking to the faculty, reading an article from the Bangor Daily about a student who committed suicide in Searsport, just to bring people’s awareness that this is real – it does happen ...

When asked how new staff members are made aware of the suicide prevention efforts in the school, the school coordinator reported, “They get a red crisis binder” which also included another “blue binder” containing the suicide prevention protocols. However, she stated, “they will actually have the hour and a half long presentation that we were given and

at that time we will go over more intensely the protocol.” She stated that this school year new staff members had been given the protocols, but had not yet received awareness training.

Lifelines. The health education teacher at this school attended a day-long training on the student Lifelines Lessons before including them in the curriculum. The Lifelines instructor commented that training was important, but did not go into detail in this interview.

Challenges in Identifying and Supporting Students

As in any system, a seamless transition to finding out what works often includes unforeseen challenges or obstacles. When asked, “*What were some of the challenges in identifying students at this school?*” the school coordinator responded, “Well, I think the biggest risk is a kid not speaking up or not necessarily showing the outward signs, so they could easily fall through the cracks that way.” She went on to say that an ongoing challenge for them was that after a youth had been identified at potential risk, there would be no services available unless the youth was considered at high risk, or had attempted suicide. She stated:

Yeah. You know, and the other thing is...when I think about keeping these kids safe, we have numerous kids that I have thought have been suicidal, tell me they are suicidal, and then they go out there and they don’t get a bed because there is no bed available, not like they immediately - I am going to kill myself today - you know but I am talking more about these kids that linger in this depression and so they don’t get a bed, so they weren’t gone really long or they were at the emergency room for five hours that night and we have no idea, so that continues to be a challenge for us.

Connections and Communication

Staff-to-staff relationships. The staff relationships at this school were effective when identifying students and in supporting those who brought a concern to the guidance staff or one of the six social workers. Also, the social workers would email a staff member regarding a particular student. However, the Gatekeeper believed that there sometimes was a lack of communication between staff members after a student was referred. He stated:

You *have* to ask because nobody gets back to you. I mean, nobody tells you a thing unless you are special services and you are the one that initiated it and if you are an advisor and I took one of my students and wanted them to be referred, which I have done in the past with one student. I think the feeling that she did need social work services, it goes through that process, I’m going to know that because I’m the advisor and she has meetings sometimes that go out and I get the, but other than that, communication is our weakest point here at school...Our social workers here are ter-

rific and if I have a connection and they know it...they will just drop me a note or say something in the hall or send me an e-mail or something.

This was confirmed by the SAT team member who stated that staff members would only be notified on a “need to know basis,” to be determined by the SAT team. She stated:

“If we are working with a student and we feel like that they need extra support, let’s say from their academic advisor who they see every morning in the homeroom, we might give the general details to the advisor, but if something is discussed in confidentiality that the advisor doesn’t need to know, then we don’t tell him, you know.”

Staff-to-student relationships. The staff members who were interviewed believed that not only were teacher-student relationships responsive and caring, but that this approach carried over into student relationships with support personnel, maintenance and kitchen staff. One excerpt from the interview was as follows: “I think it’s an open school. You’ve got so many caring teachers and staff here. I mean, [name], who is SAO [Student Affairs Office], that’s where a lot of the kids who are in trouble go. She is wonderful.” When asked what the role of the SAO is? She responded, “It’s where all the announcements go off, but it’s also where the assistant principals are, so it’s where all the kids when they are called down to the office go. She’s fantastic.”

The Lifelines instructor also believed that students were comfortable talking to adults in the school who could help them, and that they would have at least one teacher with whom they could talk about a concern.

I think that, I think if you ask pretty much any student in this school that they could at least name one person and it may not necessarily be their advisor, but it could be an English teacher, it could be an Art teacher, the Health teacher. I don’t think that there is, I don’t think that that’s an issue. I think every student could find at least one person that they could possibly talk to.

The Gatekeeper spoke about a two incidents, one in which two girls came to him with concerns about a friend who was “cutting” and another was a girl who was worried about her own depression. He stated:

This year I have probably only had three, two girls one of the times. That was about my young student that I was telling you about. Last year I had a couple of people come. A friend of theirs was cutting and they were telling me about that. A girl came to me about herself, that she was very worried about being depressed and concerned about that so I got her on the social work list here and she has been seeing somebody. A couple, several times, a couple in a year, I would say. Not a whole, I

mean, kids might talk about it or, you know, will discuss things, but for real help, I would say only two or three times a year.

Relationship with crisis agency. The school coordinator felt that participation in this project improved the relationship with the local crisis agency. She stated that getting to know the crisis staff by name made communication especially effective as well as built a level of trust that was not part of their relationship prior to implementation. Another important development in this relationship was that the crisis counselors also allowed her “for the first time in all my years of doing this” to be part of the intervention.

They were asking questions of the student and I was actually there. You know, I would dismiss myself at times. It was uncomfortable for me to be there or times that I thought it was uncomfortable for the family or whatever, but I think that helped bridge the intervention. You know, I think it made it more comfortable for the student because it used to be, and I don’t know if this is just the way policy was for them or the expectation, but it used to be we would pretty much drop the student off and then, you know, we will see you when you get home so that sort of being a team approach was a little bit more helpful.

There was an expectation that all school staff members would know the steps in referral, but only a select few, typically guidance or administrative staff, were able to make the calls to crisis. If a call was made, there was an expectation that the staff person making the call would know what kind of services they could get. This was considered “a work in progress,” that improved over the life of the project. According to the school coordinator:

...it’s funny you say that, because they didn’t always know. Sometimes I’ll sit in with somebody like there is one particular guidance counselor. I was sitting in on an intervention with her and when I talked to the student about...some different options that we can look at, you know, and they were going to crisis, you know, the crisis can either come here, they can go to the house, they can do it there, the guidance counselor didn’t know all that, so I think it’s a work in progress. I think it’s an educational piece. Sometimes it takes people two or three times exposed to the process to get it.

Prior to implementation of the project, the principal felt the school “had a long standing relationship with [names crisis agency],” including a written contract. He was not aware, specifically, whether this grant had affected the relationship in any way but believed, rather, the relationship was ongoing.

Relationship with parents. In this school, parents were not been formally involved in the school’s suicide prevention and intervention efforts. The school coordinator reported that

there “might” have been some information in a newsletter regarding the efforts and that they are given her direct phone line, but nothing was presented to parents. Most of the contact with parents occurred if a student was at risk and a parent needed to be involved. She also did not believe that their health teacher sent any information to parents. This is confirmed in the Lifelines interview:

...we tell parents when they come to open house, you know, what is being presented in the curriculum and so what we do is we break down the units and we say, ok, in the mental health unit this is what we do, so they are made aware of it. We don't get a real good turnout at open house, so, unless parents specifically ask or, like last night, we had parent conferences, but I didn't have one parent who said to me, what do you do in the health curriculum, so.

The SAT member stated that they did not invite parents to meetings. She said that they (parents) used to be involved, but that sometimes “it was a little overwhelming for parents to be in a room with eight, ten professionals” and she said that they would “panic.” She did say that there were “liaisons” in the building to connect parents with crisis or an outside therapist if that need should arise, and that they never left a parent without access or knowledge about resources.

Project Implementation Supports and Challenges

Supports. Administrative support, including that of the superintendent and principal, was considered key in the implementation of this project, especially in areas of training and curriculum support. This support included release time, allowing coordinators access to the faculty for professional development, and supporting the implementation of Lifelines into the health curriculum.

Challenges. According to the principal, release time was also one of the challenges associated with the project. He stated, “Well, taking teachers out of classroom time is always difficult...it's a zero sum game. You know, you are getting a teacher trained in suicide prevention but the kids aren't getting algebra instruction, so that's always the trade off.” He also wished that the funding had been more “flexible” as they had to have “four or five” components perfect before they could access funds.

The SAT also experienced a few challenges, including a change in leadership midway through the project, requiring adjustment to new leadership and the need for new mem-

ber training. The data tickler system, described previously, was a challenge for this school because of confidentiality concerns.

Changes in Identification, Referral, and Student Supports

According to the school coordinator, when staff members had a concern about a student they would come to her or any of the trained gatekeepers, social workers, the nurse, an administrator, or guidance. Examples given by interviewees included referrals to a teacher (Gatekeeper), the social worker (school coordinator), and guidance counselor. Initial concerns had been noted by peers as well as teachers. In the former case, the peers took their concern to a teacher, in the latter, to the social worker or guidance, but often to the coordinator of this project. In fact, the coordinator reported that she received several referrals a week.

The gatekeeper interviewed for this project did report an event in which another teacher came to him about two students in her class who were concerned about their friend based on some emails. He went to the social worker (school coordinator) and together they decided to inform the student's guidance counselor. He did not know what happened after that, though he saw the student often in school and was aware that some testing was taking place.

When the principal was asked if staff members were more aware now than they were three or four years ago, he responded:

I think so, absolutely. Well, I have seen a huge difference. I have been here five years and I have seen a huge difference in the last three years...teachers are very comfortable talking...with each other...talking with students about it...[P]eople never even could say the word, kind of talk around it, you know? Are you feeling depressed or do you not feel good about yourself? No. Do you want to hurt yourself? Do you want to harm yourself? Have you thought about suicide? I mean, you need to come out and ask the direct words and I think we're all much more comfortable with that. I think that before we had this education, people felt if you bring it up, they'll do it. Sort of like birth control. We'll tell them about birth control – they'll have sex.

Changes in Student Awareness

One of the major objectives and goals of the MYSPP was to increase student as well as staff awareness. The Gatekeeper interviewed for the project evaluation believed that there were noticeable changes in student awareness around suicide and intervening when there

was a concern about a peer. He relayed a story about a student whose friends had approached a teacher to express their concerns about him:

The first one, it came to me from another teacher...she pulled me out of class... and I sat down with the two students who had come to her with their concerns. They showed me, they actually had some things in black and white from it, text messages, I think you call it, or whatever, on the e-mail, but they printed it up, and it wasn't, the whole thing wasn't about that, but there was a little section in it where he mentioned his feelings and he already picked out the building where he wanted to jump off, and it was in Japan, true, but he had a picture of, I mean, this was serious so him. He thought about this. It wasn't just I'm going to go to a tall building, so I talked with them and asked them a lot of questions because they know him very well. He is a very good friend and then that's how I found out, for instance, what they had already done. That...one of them had talked, to her mother. Her mother, who is a good friend of his mother, had already talked to her so I found out how much and then I went right to [school coordinator] with the paper in hand and said, do I just go the regular route.

She said let me look at it and then we'll probably go to guidance, so I went right to guidance anyway and said...this is probably going to be coming to your door and I want you to know ahead of time that it's serious and that you, you know, and luckily...she knew the family, so that was wonderful and then I did talk with the girls a number of times after that also and they spoke with him because they came to me and said should we tell him we did this and I said, well, an awful lot of people know about this now and he's going to find out and probably it's a lot better him hearing it from you because you can tell him why you told me and why you told other people instead of just it wasn't gossip and it wasn't from them. It was concern and if they say it to him that way, than he'll take it even though not on the surface maybe, he'll take it that way inside. So that was a good connection and he took it pretty, oh, he said, that was last April. Of course, he had just had this e-mail talking about it two nights before, but he said, oh no, I had those feelings last April, so he was able to sort of, you know, pocketbook it and put it in that little cupboard over there.

Another instance related by the interviewees was a student concern about a peer "cutting." According to this interviewee, "The kids were especially concerned because they knew that the parents were kind of in denial and so this girl could pretty much snow over the parents." The girls who had reported their concern believed that "the parents were not going to do anything...so that's why they decided to take action."

The Lifelines teacher corroborated that the level of student awareness had increased since the Lifelines Lessons was implemented. Following the lessons, students had come to the teacher with concerns about friends. She stated, "I had actually kids this year who came to me concerned about a friend and I had, one of them I had last year and one of them I had

the year before, so they definitely understand.” Stated the school coordinator, “The students are calling each other. We have had numerous students report their friends.”

Project Benefits

Among the project benefits mentioned by the interviewees were:

- Concrete protocols
- Staff awareness and education, (“knowing that they are not alone with an issue about a student, that there are people that are going to help”)
- Student awareness
- Positive relationships with crisis response agency

The school coordinator also credited the project with reducing stigma among students around this topic, she said, “I think students, the peers of these kids that are at risk are feeling more comfortable and realizing that I’d rather that my friend be mad at me than for them to be dead and so I think that it takes some of the stigma out of it and I do attribute that to the grant.” She also believed that students were “less apt to” fall between the cracks. She stated, “Between the pyramid of intervention and the advisory program... (both of which have been instituted in the last three years or so) so this is, like I say, my fifth year, I have noticed an improvement in kids not slipping through.”

Sustainability

The interviewees for this school believed that sustaining the majority of components of this project would not be difficult. Several pieces of the project that they felt would be easily sustained already had plans in place for continuation. Among those pieces were staff education, with a new staff member as coordinator and yearly staff professional development; Lifelines in the health education classes; updating and keeping the staff informed about protocols on an annual basis, and the SAT team.

Those pieces considered more difficult to sustain included Gatekeeper training, due to the costs involved, and the data tickler system. The school principal stated that the state database, Infinite Campus, would soon be in place. Also, there was some apprehension about maintaining the close relationship with crisis because of recent staff turnover at the crisis agency.

Additional, helpful supports, stated the principal, would be having outside organizations to provide workshops, or training to faculty. When asked what kinds of support he would like to have to sustain the project, the gatekeeper responded:

I think at least once a year we have to have a meeting when we have a faculty meeting and have that brought up. Some of the signs, what to look for, what to do as you said because I have so much paperwork in my files and everything, you know, they get behind, behind, behind and even though I try, I have a gatekeeper's file because of my involvement in this, but before that if I had something like that, it would just be somewhere in my file. I think to let everybody know the importance of, instead of just handing it out and saying, you got a folder this morning that says gatekeepers on it and in it are the numbers and the protocol of what you do if you run into this problem - make them keep that in a special place along with the fire drills because that's just as big, that's just as big an issue as something like that.

Recommendations to Other Schools

One recommendation to other schools would be to have a receptive staff member who would be able to coordinate the pieces of the project. The principal commended his school coordinator, "She has really moved this forward and she is respected by the staff and I think that has been a positive thing for us...It needs to be someone from either guidance or social services within the school that is going to make sure that people like me keep this on the front burner."

Summary

Prior to implementation of the MYSPP, there were no specific protocols for this school for response when faced with a student who was at potential risk or concern for suicide. After implementation, this school felt that they were ready to respond. Major components in place were: current written suicide protocols that had been distributed to the staff; staff education as professional development; approximately 13 staff members who had a more formal Gatekeeper training; an active SAT team; and a Lifelines Lessons that, these interviewees believed, had increased student awareness to the level that students with concerns about peers were reporting them to teachers, guidance and social workers in this school.

Sustaining this project did not appear to be difficult unless cost is involved, such as the formal Gatekeeper training component. Lifelines, Staff Awareness training, protocols, and efforts to maintain relationships with the crisis service agency will be an on-going and an integrated piece of the school culture after the MYSPP grant has been discontinued.

Cross-case Summary

Introduction

As described in the Overview of the Project Model and Structure, a staff member at each of three crisis agencies coordinated the project in their service area. Participants in each area included the crisis agency, three community agencies and two schools. This section is a summary of the case analyses, which includes the crisis agencies, community agencies, and schools that participated in the project. It summarizes the implementation of the project components and explores interviewees' perceptions of project challenges and benefits.

Crisis Agency Coordinators

Each crisis agency hired or designated a staff person part-time to coordinate the project in their service area. These coordinators then selected two schools and three agencies to participate in the project. The project focused on prevention, which was a different aspect of suicide prevention for crisis agencies. This new role resulted in both benefits and challenges.

While in most cases there was a relationship between the school and the crisis agency prior to the project, the project enabled crisis workers to partner with schools in a different way than usual and to nurture a relationship with the school. This enabled the crisis worker in the coastal area to act as a resource for the school and family after the suicide death of a student who had recently graduated. Her role as a resource went beyond the project school: she became recognized in her agency as the person who could best support a school community after a suicide death. The crisis worker in the northern region of the State found that as a result of working more closely with schools, there was a greater clarity about the role and services provided by the crisis agency, which resulted in fewer calls and referrals from the school and more "appropriate" referrals. The crisis coordinator in the southern region found that as a result of the project, the site of initial assessments conducted with students at risk moved from the hospital emergency department to less restrictive environments such as the agency offices, students' homes or schools.

As area coordinators, the crisis agency staff faced challenges in carrying out their role and in working with schools and agencies. The most significant of these challenges,

was that initially two of the three coordinators had dual roles in the crisis agency – project coordinator and crisis worker. The third coordinator began on a part-time basis and served solely in the role of project coordinator but during added the role of project became a crisis provider to her job. The project coordinators experienced a friction between the two roles of their job.

Community Agencies

The involvement of the community agency in the Lifelines project was a new component for the MYSPP. Prior to this project, the Lifelines Program was focused on schools only. The purpose of including community agencies in the model was to help them better identify and respond to youth at risk, to strengthen relationships between agencies and schools so as to widen the safety net for adolescents. Core components of the Lifelines Program including; (1) development and implementation of protocols, (2) Gatekeeper training, and (3) Staff Awareness training were adapted to the community agencies.

In the northern region of the state, initially all three agencies questioned their role in the project but by the end two of three community agencies had successfully implemented the core components of the Lifelines Program. The third agency continued to struggle with its role in youth suicide prevention and attributed this to the fact that they did not serve youth. An outcome of this project was a coalition between the crisis agency, community agencies and schools that met on a regular basis. This coalition promoted stronger networks between participants.

In the coastal region, all three community agencies sent staff members to be trained as Gatekeepers, two mentioned the development of protocols and two reported that they had conducted Staff Awareness training. All felt that the trainings were valuable for their staff. One agency in this area served homeless youth and was involved in a program initiative, which focused on providing a modified version of the Lifelines Lessons to the youth in the program.

In the southern region, all three agencies developed protocols, sent staff members to Gatekeeper training and provided Staff Awareness training to their employees. All believed that the awareness of suicide was strengthened as a result of their participation in the project. One agency, also felt that their relationship with the other agencies and the school was stronger because of their involvement in the project.

The interviews provide some evidence that there were benefits to the community agencies as a result of their participation in the project. The most common benefit for the agencies appears to be that through their participation in this project awareness youth suicide increased. All agencies had staff members that participated in Gatekeeper training and most had provided Awareness Training to their staff. Also, most had developed protocols, with technical assistance from a consultant hired by MYSPP. It's unclear if, and how, the staff in each of the agencies were made aware of the protocols. It appears that agencies that struggled with the project did so because either they did not serve youth or their agency's focus was more complex than serving youth.

Referring back to the purposes for including the community agencies, it appears that most agencies did increase their preparedness to identify and respond to youth who might be at risk for suicide though it's not clear if this translates to actions. In regard to strengthening relationships between agencies and schools, the Northern Region is the one area that appears to have definitively accomplished this goal. Furthermore, it appears that this outcome is directly related to the crisis agency coordinators' success in arranging for the agencies and schools to meet on a regular basis. What remains unknown is whether or not the agency staff and educators will be able to sustain the coalition without the coordination efforts of the crisis agency coordinator.

Schools

The six schools in this project had a variety of experiences when implementing the Lifelines Program in their school. These experiences ranged from those schools that implemented the all components of the project with fidelity to others that implemented some components with fidelity but struggled to implement other components. This section aims to summarize these experiences and explore factors that supported the successful implementations of the Lifelines program in these six project schools.

Coordinators

Schools selected individuals in a variety of roles to coordinate the Lifelines Program at the school level. The roles of these individuals included an assistant principal, a school-based social worker, a guidance counselor, health teacher, and mathematics teacher. In one

school, the coordinator changed during the project and as a result she was unclear about some components of the program at the time of the interview.

School Protocols

An essential component of the program is for a school to develop written protocols that adhere to the Maine Youth Suicide's Prevention Program Guidelines. These guidelines are designed to provide staff members with directions to follow when they identify youth who may be at risk for suicide, a youth attempts suicide on school grounds or they learn of a youth's attempted suicide off school grounds. The guidelines also provide directions to manage the school environment in the event of student suicide in a manner that decreases the chance of a suicide contagion. Key staff members from each school attended a workshop designed to provide information on the development of guidelines. Schools were then asked to ensure that all school personnel were familiar with the protocols, provided with a copy and updated on the protocols each academic year.

At the start of the project, none of the schools had written protocols specific to suicide; whereas, at the end of the project all schools had written guidelines. Guidelines in five of the six schools included all of the recommended components. One school did not include guidelines for staff to follow in the event of a student suicide. In several schools, more specificity in terms of steps to follow or people to contact would have improved the usefulness of the protocols. Schools varied in their efforts to create awareness about the protocols among staff. Efforts ranged from schools that distributed a copy of the protocols to all staff, reviewed the protocols at staff meetings or trainings each year and sent emails to staff to remind them of staff who were trained as gatekeepers to those schools that developed protocols and distributed a chart with steps to follow but did not remind staff of the protocols on an annual basis. The latter resulted in differing level awareness about protocols among interviewees' in some schools.

Gatekeeper Training

Gatekeeper training was provided for each school community in the project more than once during the project. In each community selected staff members from the school and participating community agencies attended a one-day workshop designed to increase their knowledge about suicide and signs of suicide risk as well as their confidence and skills to

identify youth at risk. The number of staff members from each school that attended the training varied from seven to 27. All interviewees who spoke about the training reported that they found it to be useful in helping them to identify youth who might be at risk for suicide.

Staff Awareness Training

One or more school staff members from each school who were trained as Gatekeepers, attended a day-long Train the Trainer workshop that provided them with knowledge, skills, and materials needed to present a 90-minute suicide awareness workshop to other staff members in their school. These workshops included faculty and other support staff members such as bus drivers, cafeteria staff, and janitorial staff. After the initial training, schools were asked to plan for how they will renew the staff's awareness each year and how new staff members will be trained.

Staff Awareness training was offered in all of the schools in the spring of the first year of the project or the fall of the second year. Interviewees at two schools reported that the training was offered to all staff members, including support. Two additional schools had provided the training to faculty only, and in two schools the interview data is not specific about who attended the training. All six schools reported that they had a plan in place to provide annual refreshers and updates to the staff and to train new staff. However, only one school had done so at the time of the interviews. In this school, the refresher was part of faculty meetings and occasional emails sent to all staff reminding them of who the gatekeepers are in their school.

Student Assistance Teams

Schools in the project were required to have a Student Assistance Team (SAT). Schools that did not currently have a team were required to attend a training presented by the Department of Education that would provide them with the information they needed to start an SAT.

Four of the six project schools had a functioning SAT at the end of the project. It was indicated that the teams, which met regularly, identified students at risk of academic failure and mental health problems and developed plans to assist identified students. One school had a functioning SAT prior to the project; however, the staff member that had been coordi-

nating the SAT left and his departure resulted in the team not functioning during the project. The sixth school never implemented an SAT at the high school level.

Data Tickler System

Originally, a school in the Lifelines Project prior to the SAMHSA-funded project developed the data tickler system. Project staff adapted the data collection system and made it a required component of the current project. The system was designed to compile information such as absences, grades, suspensions, and visits to the school nurse or guidance counselor that could potentially identify students in distress. While most agreed that the concept of the data collection system could potentially be useful in identifying students at risk, all had difficulty implementing the system. They found it to be time-consuming, staff intensive, and repetitive of other data management systems, such as PowerSchool, that they were already using. Several of the schools attempted to implement the system but by the end of the project none of the schools were utilizing the system.

Lifelines Lessons

Lifelines Lessons consist of four 40-45 minutes lessons, which can also be implemented in two 80 or 90 minutes classes. The lessons are designed to provide students with information about suicide and signs of risk and to encourage them to enlist adult help if they believe a peer is at risk. In this project, schools were asked to integrate the lessons into their required health courses, which are generally offered to ninth or tenth graders.

Interviews with health teachers assigned to teach the Lifelines Lessons revealed that the course was implemented with fidelity in three of the high schools. In one project school (a combined 7th through 12th grade school), Lifelines was taught with fidelity but in the 8th grade health class. The health teachers that taught the Lifelines Lessons with fidelity viewed the curriculum as “solid,” prompting good discussion and high student engagement. Two of the high school teachers and the middle school teacher found it fit easily into the health course, while one found that the time required for the lessons made it difficult to cover the other required components of the regular health course. In one school, the health teacher stated that he implemented the curriculum with 90-95% fidelity but eliminated some role-plays. Role plays are considered to be a crucial part of the learning experience for students.

In the sixth school, an interview with the health teacher showed that this teacher was unclear about the curriculum and had modified it to an extent that it was not recognizable. Furthermore, this teacher believed that school suicide intervention protocols were unclear and therefore, he was unsure about to what extent he could discuss the suicide with students.

Identification and Referral of Students at Risk

All schools identified and referred students potentially at risk for suicide as is evidenced in Event Reports. The number of students identified varied in schools and was not solely dependent on the size of the student body. The largest school identified the highest number of students potentially at risk for suicide, however one of the smaller schools had the second highest number of identifications.

Sustainability

Most schools viewed specific components of the Lifelines Program as easy to sustain. In particular, the protocols and Staff Awareness training were common areas that were identified as sustainable. However, contrary to statements about the sustainability of the Staff Awareness training, several schools had not provided training to schools since the initial Staff Awareness training.

Most schools identified the Lifelines Lessons as a sustainable component of the program. However, it's important to recognize it was primarily project coordinators and administrators who were not directly responsible for teaching the program that made comments about sustainability of the lessons. While three of the health teachers were enthusiastic about the Lifelines Lessons, another who implemented with 90-95% fidelity commented that the time required to implement the lessons with fidelity interfered with his ability to cover other topics in their health course. In addition, health teachers in two schools had already modified the lessons.

In the schools with a functioning Student Assistance Team, this component of the program was also one that was identified as sustainable. The Data Tickler System, designed to inform the SAT process, clearly was not a piece that any of the schools intended to sustain.

In the northern region where the community coalition had been established, both schools identified the relationships with the crisis agency and community agencies as a sustainable aspect of the program. However, the crisis coordinator in that region was unsure whether or not schools and agencies would continue to meet if she was not coordinating the meetings.

Administrators and project coordinators were clear that program components that required financial support, such as sending staff to Gatekeeper training, were not likely to be sustained given the budget constraints of schools.

Challenges

Schools were confronted with challenges that were related to the nature of the community and the implementation of the project components. Challenges specific to some communities included the stigma attached to mental health problems, the high rate of poverty, the rural nature of the community that made it difficult to obtain services and parent uncooperative or negative responses that made it difficult to get help for students. Challenges specific to the program implementation that were experienced by all, were the coordinators finding the time needed to coordinate the program components and implementing the data tickler system. Other challenges, experienced by one or more schools were as follows:

- Change in administrators.
- Conflict between administrators.
- Changes in staff, especially staff who were key to implementing the project.
- Organization or maintenance of the SAT.
- Unhelpful staff attitudes such as “suicide is not a problem here,” “this is not our job,” and “I don’t want to make it worse than it is.”
- Implementing Lifelines Lessons with fidelity.

Implementation Supports

When asked what factors supported the implementation of the program, most interviewees identified administrative support as a key factor. Other supports identified were, funding that enabled release time for the staff to attend trainings, the availability of the trainings, the relationship with the crisis agency coordinator, and the receptivity of the staff.

Project Benefits

The benefits of participating in the project cited by interviewees, differed among the schools but all interviewees identified more benefits than challenges associated with their school's participation in the project. Among the benefits identified were:

- A coordinated approach to suicide prevention that brought all the pieces together.
- Protocols that provide staff members with clear guidelines.
- Training for the staff.
- Heightened awareness about suicide among staff.
- Increased ability of staff members to talk about suicide.
- Heightened awareness about suicide among students.
- Increased willingness on the part of students to seek adult help for a peer.
- Relationship with crisis provider.

Limitations

Data used to construct these case studies was collected via face-to-face interviews. As such, it is self-reported data and represents their perceptions of the interviewees. In schools, multiple individuals were interviewed providing an opportunity to gather the multiple perceptions from people in one setting to either confirm information or highlight contradictions. In the case of crisis agencies and community agencies, only one individual was interviewed and therefore that portion of each of the three case studies is limited to the perceptions of one person in each of the agencies. Furthermore, in the case of community agencies, the person interviewed at the may have joined the agency after the start of the project, which limited their ability to make comparisons about roles or processes before the implementation of the project.

EVENT REPORTS

Introduction

This section of the Evaluation of the School and Community Lifelines Program provides information on youth identified as potentially at risk for suicide by schools participating in the project. Information collected includes that which was required by the SAMHSA

cross-site evaluation conducted by ORC-Macro as well as additional data collected for local evaluation. Each time a school identified a student who may be at risk of suicide, they complete an *event report*. The event report is an online form that consists of two parts. The first part is completed as soon after the event as possible and includes demographic information, information about the circumstances of the identification, and recommended referrals. Part two is completed approximately 30 days after the initial report and requests information about parent and student follow through on referrals. The information in this section of the report provides aggregate data for the six schools in this project.

Demographic Information

Between September 2006 and June 2008 project schools identified students at risk for suicide 90 times. The number of events is not equal to the number of students identified at risk for suicide because some students were identified multiple times during the study period. Schools were asked to use identification numbers for students identified, to keep a record of the identification numbers assigned to students, and to use the same identification number when submitting subsequent event reports on any one student during the full length of the project. This system proved difficult to sustain for several reasons. For example, in one school, counselors initially refused to share their list of students identified with others responsible for reporting due to concerns about confidentiality. In other cases the person entering the data changed during the project and the list of identification numbers did not remain consistent.

The number of events in individual schools ranged from 6 to 45, as shown in Table 1. The school that identified 45 events was the largest school in the project with an enrollment of more than 900 students (a relatively large high school in Maine). However, in the other five schools the number of students enrolled was not associated with the number of events reports. For example school N1, a relatively small school, identified students at risk for suicide 19 times during the project.

Table 1. *Number of Events by Student Enrollment During 24-month Period*

School ID	Student Enrollment*	Number of Events	% of Enrolled Students Identified
N1	391	19	5%
N2	301	8	3%
C1	684	5	<1%
C2	445	6	1%
S1	447	7	1.5%
S2	979	45	5%
Total		90	

*Student enrollment figures are based on 2007-2008 data.

Enrollment varies from year to year and therefore, the percent of students identified is an approximation.

Females were identified more frequently than males (61% vs. 39%) as potentially at risk for suicide. Ninth graders were identified as potentially at risk for suicide slightly more frequently than 10th, 11th, or 12th grade students (See Table 2). While the project did not target 7th and 8th grade, one school was comprised of grades 7-12 and therefore, reported events that occurred with five 7th and 8th grade students.

Table 2. *Percent of Students Identified as Potentially at Risk for Suicide by Grade*

Grade	No. of Students	% of Students Identified
7&8	5	6%
9	24	28%
10	17	20%
11	20	24%
12	19	22%
Total	85*	100%

*Grade of the student was not reported in 5 events

Findings

Suicide Attempts

Ten students, five males and five females, were known to have attempted suicide during the time of the project. Nine of these students came to the attention of school personnel after they were hospitalized for a suicide attempt. School personnel were notified about the hospitalization by parents (N = 3), other students (N = 1), a mental health provider (N = 1), and the student him/herself (N = 4). In the remaining case, the attempt began at home but was discovered in school.

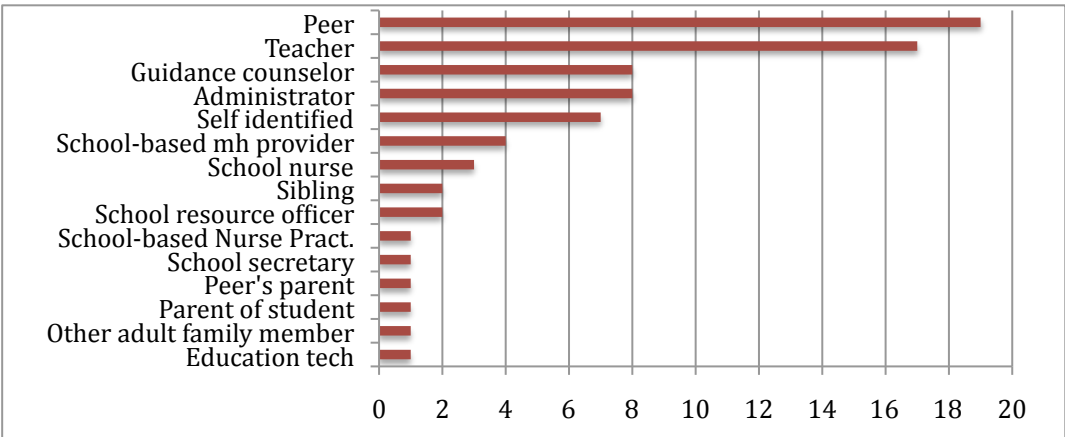
Identification of Students

First to express concern. Schools were asked to identify the role of the first person that expressed concern about a student. Peers (N=19) were the group who most frequently identified another student in distress. Of these individuals, seven were known to have participated in the student Lifelines Lessons in their health course. Furthermore, the majority of peer identifications (N = 13) occurred in one school. Of these 13 students, 6 had participated in the Lifelines Lessons in their health course and 7 had not participated in Lifelines Lessons.

As shown in Figure 1, the role of school personnel that most frequently identified students included teachers, guidance counselors and administrators. The roles of other

school personnel who identified students were secretary, school resource officer, and educational technician. The variation in the roles of those who first identified a student in distress underscores the need to train people in an array of roles in schools.

Figure 1. *Roles of Individuals Who First Identified a Student*



Signs that led to identification. Each time a school submitted a report regarding the identification of a student potentially at risk for suicide, they were asked to identify all the behaviors or circumstances that a student exhibited or experienced, which alerted them to the student’s distress. Most often there were multiple indicators that brought the student to the attention of adults or peers. The most frequent sign for both males and females recognized by school personnel, peers, and others in the community was verbal statements about self-injury or suicide made by the student in distress. Table 3 provides a list of the indicators and the number of times each one flagged a student in project schools. This information is provided for the overall identifications as well as the identifications by gender.

Table 3. *Signs or Circumstances that Flagged a Student as Potentially At Risk*

Risk Signs	Male	Female	Total
Verbal statement about suicide or self-injury	23	29	52
Change in emotional stability or mood	12	20	32
Significant problem or stress in life	9	17	26
Change in behavior	5	12	17
Breakup with boyfriend or girlfriend	10	5	15
Drop in academic performance	4	6	10
Written statement not related to school assignment	3	5	8
Self-injury or cutting	2	5	7
Written statement in school assignment	1	5	6
Kicked out or left home	2	3	5
Recent or past suicide attempts	1	4	5
Anniversary of a death	0	2	2
Death of family member or close friend	1	1	2
Addition or recent change in medication	1	1	2
Significant peer harassment	1	0	1

Referrals by School Personnel

Schools in the project had a range of in-house resources available to assess and provide services to students identified as potentially at risk for suicide. Some schools had mental health providers and/or social workers based in the school while other schools had only guidance counselors who had a wide array of responsibilities, from academics to mental health. In this project, schools were required to work closely with a representative from the local crisis agency to implement the components of the Lifelines Program and to develop a memorandum of agreement with crisis agencies detailing the ways in which the crisis agency would work with the school. It is also important to note that slightly more than a quarter of the students identified were already under the care of a physical or mental health care provider. Table 4 identifies the resource to which school personnel referred students who were believed to be at risk for suicide. The total exceeds 100% because schools often referred students to multiple sources. Also, some schools have school-based mental health services and/or a school-based social worker to which they refer students for immediate evaluation.

Table 4. *Sources to Which Students were Referred*

Referred to:	Number	Percent of Identifications
Crisis agency	29	38%
Emergency department	4	5%
Psychiatric hospital	4	5%
Community mental health provider	8	10%
School Guidance Counselor	23	30%
School Social Worker	34	44%
School Mental Health Provider	7	9%
Current provider	20	26%
Substance Abuse Counselor	1	<1%

Follow-up Data

Referral Information

When a referral was made, school personnel were asked to follow-up with the youth or family within 30 days to obtain information regarding the actions taken by the parents/guardians and child in regards to the referral made by school personnel. School personnel were not asked to follow-up when they received a report of a student's suicide attempt. School staff obtained follow-up information for 67 events. Staff members reported that the follow-up information was obtained through parents, in-school providers, community providers, or students who were the focus of the identification. Often times the information was compiled from multiple sources. Table 5 provides information on the services that parents, providers, or students reported that they accessed. As shown, school-based mental health providers proved to be the most frequent referral source used by students and families.

Table 5. *Referral Sources Accessed at Time of Follow-up*

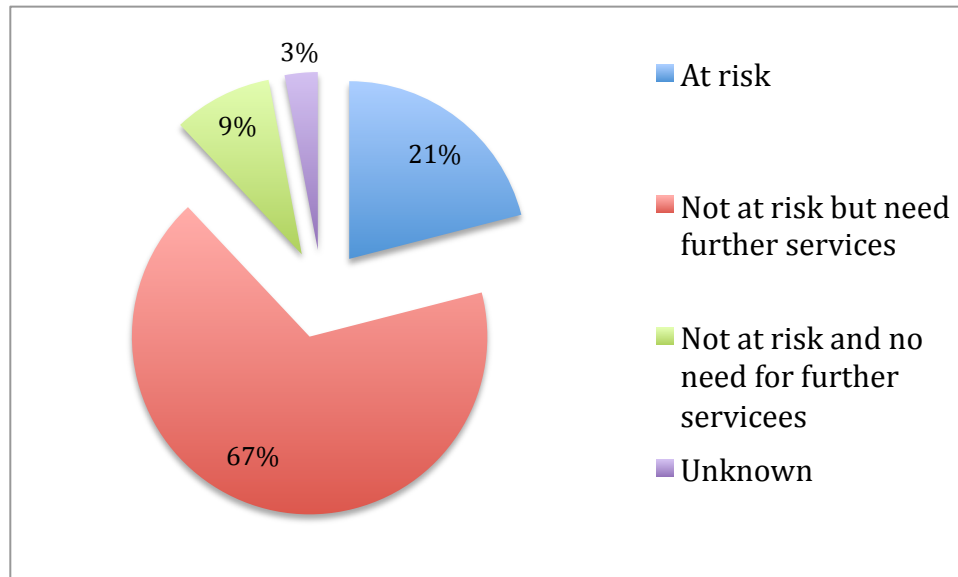
Resource Accessed	N	Percent of Events*
Emergency services	10	15%
Hospitalized	2	1.5%
Crisis agency	12	18%
School-based mental health provider	27	40%
Community-based mental health provider	10	15%
Primary care provider	2	3%
No follow through but intended to make appointment with provider	1	1.5%

*The percent is based on 67 events for which follow-up information is available.

Information on Assessment Outcome

When obtaining follow-up information, school personnel ask the parent, provider, or student the outcome of the suicide risk assessment. Figure 2 provides the information obtained for the 67 events for which information was obtained. It is especially important to note that the information was received from a variety of sources and therefore may or may not represent the outcome of the clinical assessment. When the outcome is obtained from a parent or student it represents their understanding of the assessment outcome. The data show that when students are identified school personnel typically refer them to multiple resources both in and out of school.

Figure 2. *Assessment Outcome for Events*



Based on follow-up information obtained by school personnel for 67 events.

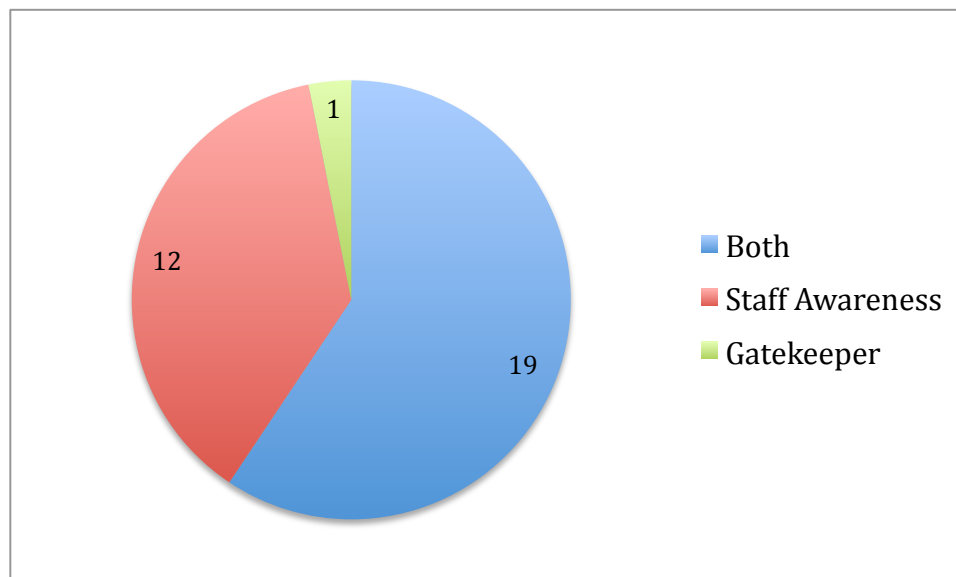
Training of school personnel

In addition to the information reported above, when a school staff member identified a student as potentially at risk for suicide, the Event Report form asked for information on the suicide-related training that individual had received during the project period. In the Maine Lifelines Program there are two levels of Gatekeeper training available to staff members in the project schools. The more intensive level is a day-long training offered to key

staff members such as guidance counselors, school nurses, administrators, and selected teachers and also includes community agency staff members and other key community persons. The second level of training, the Staff Awareness training, is a 90-minute workshop designed for all school personnel who have contact with students. This short training focuses on myths and facts about suicide, signs of risk, and school protocols that inform the staff of the procedures to follow if they have concerns about a student's risk for suicide.

Information on training participation by the person who identified the student was provided for 32 out of the 45 events in which school staff members identified a student at risk. Figure 3 shows the number of events identified by individuals who had attended Gatekeeper training only, Staff Awareness training only, and both Gatekeeper and Staff Awareness trainings. The majority of events identified by school personnel involved a staff member that had attended both the Gatekeeper and Staff Awareness training.

Figure 3. *Number of Events by the Training of Individuals who Identified Student*



Summary

Over the course of 2.5 academic years, ten student suicide attempts were known to school personnel. In addition, students were identified as potentially at risk for suicide 80 times. Teachers and peers were the people who most frequently identified students in distress.

When students were identified, school personnel made referrals to both in-school and community-based resources. The majority of students followed through on the referrals by seeking help, at least initially. The data from this project show that school-based mental health providers were the most frequent referral source used by students.

Lastly, the event report follow-up data collected indicate that the majority of students identified were in need of services and a portion of these individuals were determined to be at risk for suicide. This information indicates that the school communities in were able to accurately identify students in need of an intervention. What is not known is how many more students may have been in distress but not identified.

Limitations

The most notable limitation of the event report data is the small number of schools and the small number of events reported. These small numbers make it difficult to draw conclusions based on this data. A further limitation is the inability to identify how many students were the subjects of more than one event report. Despite these limitations, this data makes an important contribution to demonstrating that the effectiveness of the Lifelines Program.

SCHOOL STAFF AWARENESS SURVEYS

Introduction

Two levels of training were offered to staff in program schools. The first training was a daylong gatekeeper training attended by selected staff in each school and presented by MYSPP trainers. The second training was a ninety-minute awareness training offered to all staff in a school and was presented by gatekeepers in the school that had been trained by MYSPP to deliver the session. To measure the impact of these trainings over the period of the grant a brief survey was conducted prior to the staff awareness training in each school and again at the end of the grant period. A total of 304 completed staff awareness questionnaires were returned at the beginning of the project, and 227 almost three years later, at the end of the project. Total number of questionnaires mailed out each time was 510, providing a return rate of 60% for the pretest and 45% for the posttest. The response rates are approximate and not exact as the number of surveys provided to a school was estimated and often exceeded the number of staff in that school. To protect respondent confidentiality, no identifying information was requested therefore we are not able to match pre and posttests for individuals or to link the responses of individuals to a particular school in the project. If a question was not answered, this was coded as a missing value; missing values were excluded from calculations in the data analysis, therefore the N will vary.

A wide range of faculty and staff completed questionnaires, though teachers were by far the largest group as shown in Table 6.

Table 6. *Percent of Respondents by Role*

	Admin- istrator	Teacher	Guidance Counselor	School Nurse	Social Worker	Ed Tech	Others	Total
Pre	2.7%	62.8%	4.0%	.3%	1.0%	11.4%	17.8%	100% N=298
Post	4.5%	62.5%	3.6%	1.3%	2.2%	14.7%	11.2%	100% N=224

Training

Even before the project began, 39% (N=118) of respondents at the six project schools had had some form of suicide awareness training. Thirty six percent (N=42) of those individuals reported that they had had training within the past 3 years.

A primary goal of the project was to train as many staff and faculty members as possible to recognize the risks and warning signs for suicide. Following implementation of the program, 76% of those who responded to the survey reported having ever had suicide awareness training, most of those (88%) within the past three years.

Confidence in Ability to Recognize Signs and Respond

Staff awareness surveys asked respondents to rate levels of confidence in their ability to recognize the signs of suicide risk and to respond. Response options were: *Very Confident (1)*, *Somewhat Confident (2)*, and *Not at all Confident (3)*. Independent samples t-test were conducted to compare responses to confidence questions. The first t-test compared pre and post survey means on confidence items for all respondents. The results show that respondents reported significantly higher levels of confidence in their abilities to recognize warning signs of suicide in students and to respond to students exhibiting these signs at the end versus the beginning of the project.

Table 7. *Confidence in Ability to Recognize Signs and Respond, by Time of Survey Administration*

How confident are you that you:	Group	<i>N</i>	<i>M</i>	<i>F</i>	<i>df</i>	<i>p</i>	<i>d</i>
could recognize the warning signs of suicidal behavior in one of your students?	Pretest	292	2.12	.340	512	< .01	.48
	Posttest	222	1.84				
know what to do if you suspect that one of your students is at risk for suicide?	Pretest	294	1.87	3.37	514	< .01	.47
	Posttest	222	1.57				
can ask a student directly if they are considering suicide	Pretest	297	2.00	1.54	516	< .01	.33
	Posttest	221	1.75				

*Lower *M* indicates higher confidence level

Posttest data were examined for differences in level of confidence to recognize and respond to warning signs of suicide exhibited by students according to whether or not the respondent indicated that they been trained as a Gatekeeper by the MYSPP. The results (TABLE 8) showed that those who were trained as gatekeepers reported significantly higher levels of confidence in their ability to recognize warning signs of suicide and respond to students who demonstrated these signs than those who were not trained as a Gatekeeper.

Table 8. *Confidence in Ability to Recognize and Respond by Gatekeeper Training*

How confident are you that you:	Group	<i>N</i>	<i>M</i> *	<i>F</i>	<i>df</i>	<i>p</i>	<i>d</i>
could recognize the warning signs of suicidal behavior in one of your students?	Trained as Gatekeeper	48	1.48	8.375	215	< .01	.88
	Not trained as Gatekeeper	169	1.94				
know what to do if you suspect that one of your students is at risk for suicide?	Trained as Gatekeeper	48	1.29	11.364	215	< .01	.61
	Not trained as Gatekeeper	169	1.65				
Can ask a student directly if they are considering suicide	Trained as Gatekeeper	47	1.34	7.329	214	< .01	.73
	Not trained as Gatekeeper	169	1.87				

*Lower *M* indicates higher confidence level

Posttest data were also examined for differences between those respondents who had and had not attended Staff Awareness Training during the project period. Again, using an independent samples t-test, significant differences were found between the two groups. Those who had attended awareness training reported significantly higher levels of confidence in their ability to recognize and respond to warning signs of suicide exhibited by students (Table 9).

Table 9. *Confidence in Ability to Recognize and Respond, by Awareness Training*

How confident are you that you:	Staff Awareness Training	<i>N</i>	<i>M</i>	<i>F</i>	<i>df</i>	<i>p</i>	<i>d</i>
could recognize the warning signs of suicidal behavior in one of your students?	Yes	149	1.73	10.099	220	< .01	.60
	No	73	2.05				
know what to do if you suspect that one of your students is at risk for suicide?	Yes	150	1.43	.137	220	< .01	.73
	No	72	1.85				
Can ask a student directly if they are considering suicide	Yes	149	1.64	.318	219	< .01	.48
	No	72	1.99				

Staff Awareness of Protocols and Resources

According to survey results, staff's awareness of school protocols for dealing with youth at risk for suicide, the presence of a designated person or persons whom they should contact if they suspect a student is at risk, and the availability of relevant community resources all improved by the end of the program. Before the program and concurrent trainings were initiated in the schools, 34.5% of staff members who responded to the survey said they had received information about their schools' protocols; after the program, 79.4% reported having received such information (Table 10). The difference is significant ($p < .001$) using the Pearson Chi-Square test for significance.

Table 10. *Familiar With School Protocols*

	Pre	Post
Yes	34.5%	79.4%
No	65.5%	20.6%
Total	100% N=293	100% N=227

At baseline, 65.3% of respondents reported knowing who to go to if they had a concern about a student who may be at risk for suicide. At the end of the project, this had increased to 88.9%. The difference is significant, ($p < .01$), according to the Pearson Chi-Square test. See Table 11.

Table 11. *Know the Staff Person to Refer At-Risk Students*

	Pre	Post
Yes	65.3%	88.9%
No	34.7%	11.1%
Total	100% N=294	100% N=227

For staff in the project schools dealing with youth at risk for suicide, familiarity with community resources also increased. Before the project was implemented, less than half (46.8%) of the responding staff members said they were familiar with community resources. Following the project period, 63.8% said they were familiar with the resources. Again, the differences are significant ($p < .01$). See Table 12.

Table 12. *Familiar With Community Resources*

	Pre	Post
Yes	46.8	63.8
No	53.2	36.2
Total	100% N=295	100% N=227

Concerns About Students at Risk

The number of times that survey respondents reported being concerned about a student in the previous school year increased very slightly from a mean of 1.45 times before the program to 1.5 times after, and the mean number of times a concern was reported to someone else increased from 1.05 times in the year before the pretest survey, to 1.6 times in the year before the posttest survey. An analysis of posttest survey respondents showed that those who had attended staff awareness training in the previous three years reported being

concerned about a student significantly more often than those who did not have training in the previous three years. In addition, those who had training were significantly more likely than those that had not had training in the previous three years to report their concern to an administrator, counselor, or healthcare provider in the school. See Table 13.

Table 13. *Number of Times Concerned and Reported Concern in Previous School Year, by Awareness Training Attendance.*

	<i>Aware- ness training in last 3 years</i>	<i>N</i>	<i>M</i>	<i>F</i>	<i>df</i>	<i>p</i>	<i>D</i>
During the (previous) school year, how many times have you been concerned that one of your students may be at risk for suicide?	Yes	139	1.73	6.292	202	< .01	.33
	No	65	1.02				
During the (previous) school year, how many times have you expressed concern about a student's risk for suicide to an administrator, counselor, or health provider in your school?	Yes	107	1.86	6.069	155	< .01	.36
	No	50	1.04				

Summary

The staff awareness survey data provide support for the effectiveness of both the Staff Awareness Training and the Gatekeeper Training. The data show that there is a small but significant difference between respondents' pretest and posttest levels of confidence in their ability to recognize the warning signs of suicide risk in a student, know what to do if they suspect a student is at risk for suicide, and directly ask the student if they are considering suicide. Analysis of the pre and posttest data also show increased familiarity with school protocols for dealing with students at risk and person in the school to whom staff should refer students.

The posttest data show that there are significant differences in confidence levels between those who received Gatekeeper Training and those who were not trained. The difference in confidence in ability to recognize warning signs of suicide is large, while the differences in confidence that they would know what to do and could directly ask a student are considered moderate. The posttest data also show that those who had participated in Staff Awareness Training during the previous three years were more confident in their ability to recognize warning signs of suicide, know what to do if a student showed signs, and directly ask a student about suicide. The differences were considered to be moderate in size. There was also a small but significant increase in the number of times a staff person was concerned about a student's risk for suicide and the number of time they reported that concern to a school administrator, counselor, or health provider.

Limitations

Survey data were collected from school staff at the start and end of the project but pre and post surveys were not matched so we are not able to determine to what extent the respondents for the pre survey and the respondents for the post survey are similar or different. Furthermore, in an effort to ensure the confidentiality of the respondents the information identifying their school was not collected and therefore, differences in knowledge, confidence levels, or behaviors cannot be traced to the degree and quality of program implementation in a specific school.

Community Agency Staff Survey

Introduction

Community agencies participating in the project were asked to distribute surveys to their agency staff at the start and finish of the initiative. Fifty-seven staff, surveys were returned from community agencies at baseline, 82 at post project. At the time of post project one agency that had been involved in the project had closed its doors therefore, surveys could not be conducted with the staff at this particular agency. A return rate could not be calculated for baseline surveys because the number of surveys distributed was not an accu-

rate representation of the number of staff in the agencies. At the time of post project survey, 221 surveys were distributed with a 38% return rate respectively. In order to preserve anonymity, surveys were not identified by agency, or individual. Given the difference, between baseline and post project respondent roles (Table 14) as well as the difference in the number of agencies at pre survey and post survey, we can assume that the two groups are composed of different individuals, therefore results cannot be compared, and will be displayed separately, as: baseline and post project.

Table 14. *Reported Roles of Respondents*

	Project Baseline	Post Project
Administrator	12.3%	14.6%
Social Worker	22.8%	18.3%
Counselor/Clinician	17.5%	13.4%
Educator	19.3%	4.9%
Frontline Staff	19.3%	47.6%
Other	8.8	1.2
Total	100% (57)	100% (82)

Baseline ‘Frontline staff’ includes advocates, outreach coordinators, case managers, health practitioners and lifeguards. Post test ‘frontline staff’ includes CRCS’s or HS’s (Children’s Residential Care Specialists, or Habilitation Specialists) as well as a number of home visitors, advocates and group home staff members.

Baseline Results

Among those who responded to the baseline survey, almost 70% had had suicide prevention training at some point in the past, and 39.7% had had training in the past three years (Table 15). More than half (64.3%) did not know of a staff person in their agency who was identified as the person to whom youth at risk are referred, though many (78.9%) were aware of other resources in community for youth at risk for suicide.

Table 15. *Previous Suicide Awareness Training*

	Yes	No	Total
Have you ever had Suicide Awareness Training?	63.8% (37)	36.2% (21)	100% (58)
Have you had Suicide Awareness Training in the Past 3 years?	39.7% (23)	60.3% (35)	100% (58)

Respondents were asked to indicate how confident they felt in recognizing warning signs of suicidal behavior, knowing what to do if they suspected a youth might be at risk and in asking directly if a youth is considering suicide. The majority reported feeling somewhat or very confident in their ability to do all three; and 66.7% felt very confident in asking a youth directly if they are considering suicide (Table 16).

Table 16. *Confidence in Ability to Recognize and Respond to a Student at Risk*

	Not at all Confident	Some-what Confident	Very Confident	Total
How confident are you in recognizing warning signs of suicidal behavior?	8.8% (5)	63.2% (36)	28.1% (16)	100% (57)
How confident are you in knowing what to do if you suspect a youth is at risk for suicide?	8.8% (5)	47.4% (27)	43.9% (25)	100% (57)
How confident are you in asking a youth directly if they are considering suicide?	7.0% (4)	26.3% (15)	66.7% (38)	100% (57)

In the twelve months prior to completing the survey, a little more than half of the respondents (53.4%) had been concerned at least once that a youth might attempt to injure him/herself. Forty seven percent had expressed concern about an at risk youth to an administrator, co-worker or health provider.

Post Project Results

Among the community agency staff that responded to the post project survey, 87.7% had had suicide prevention training at some point in the past, 12.3% had received training in the past three years and 50% had participated in Gatekeeper training offered by MYSPP as shown in Table 17. The majority had received information on their agency's procedures for dealing with youth at-risk and most (72.8%) reported that there was a staff person in their

agency identified as the person to whom they should refer at risk youth. Eighty eight percent of the respondents were aware of other resources in the community for youth at risk for suicide.

Table 17. *Previous Suicide Awareness Training*

	Yes	No	Total
Have you ever had Suicide Awareness Training?	87.7% (71)	12.3% (10)	100% (81)
Have you had Suicide Awareness Training in the Past 3 years?	79% (64)	21% (17)	100% (81)
Have you ever participated in Gatekeeper training offered by MYSPP?	50% (40)	50% (40)	100% (80)

Respondents were asked to indicate how confident they felt in recognizing warning signs of suicidal behavior, knowing what to do if they suspected a youth might be at risk and in asking directly if a youth is considering suicide. As shown in Table 18 the majority reported feeling somewhat or very confident in their ability to do all three; with more than half feeling *Very* confident.

Table 18. *Confidence in Ability to Recognize and Respond to Students at Risk*

	Not at all Confident	Some-what Confident	Very Confident	Total
How confident are you in recognizing warning signs of suicidal behavior?	1.2% (1)	42.7% (35)	56.1% (46)	100% (80)
How confident are you in knowing what to do if you suspect a youth is at risk for suicide?	1.2% (1)	28% (23)	70.7% (58)	100% (82)
How confident are you in asking a youth directly if they are considering suicide?	2.5% (2)	21% (17)	76.5% (62)	100% (81)

In the twelve months prior to completing the survey, less than half of the respondents (37%) had been concerned at least once that a youth might attempt to injure him/herself.

Thirty four percent had expressed concern at least once about an at risk youth to an administrator, co-worker or health provider and 29.6% had referred a youth to a health care provider because of their concern about risk for suicide.

Summary

Given the small numbers of respondents, return rate, variations in professional roles, and differences between the pretest and post project groups, it is not possible to make comparisons between the baseline and post project groups. Rather, the above survey data provides descriptive information on a small number of respondents at nine community agencies at pretest and eight agencies at posttest that vary widely in mission, scope of services and size of staff.

Among the *baseline group*, respondents were somewhat evenly distributed across roles, with social workers representing the largest group (23%) and administrators the smallest (12%). Many in the baseline group (64%) reported having had suicide awareness training at some point, and the majority reported being ‘somewhat’ or ‘very’ confident in their ability to recognize and respond to youth at risk of suicide. Forty seven percent of the baseline respondents had expressed a concern, about a youth at risk, to another staff member at least once.

Distribution of roles among the *post project group* was weighted heavily in the ‘frontline staff’ category, which accounted for 48% of the respondents. The majority (88%) reported having had suicide awareness training at some point, and almost all (98% to 99%) reported being ‘somewhat’ or ‘very’ confident in their ability to recognize and respond to youth at risk of suicide. Thirty five percent of the post project respondents had expressed a concern, about a youth at risk, to another staff member at least once.

CONCLUSIONS & DISCUSSION

This section of the report reviews the program model used in this iteration of Maine’s Lifelines Program, summarizes the findings, and examines the lessons learned in this project.

Program Model

The SAMHSA Youth Suicide Prevention Project was the second opportunity for Maine to implement the Lifelines Program, a comprehensive school-based approach to youth suicide prevention. Prior to this SAMHSA funded initiative, Maine had a CDC funded initiative in which 12 Maine high schools implemented the project. While core program components of the Lifelines Program remained the same as in the original implementation, several key changes were made and implemented in the current project. These changes, which were explained earlier in the report, bear repeating because as restructured or new components of the project they posed some challenges for project management and implementation.

The core components of the school-based Lifelines Program, which remained the same included: the development and implementation of administrative protocols regarding suicide prevention, intervention, and postvention; Gatekeeper training; Staff Awareness training; training to prepare health teachers to implement the Lifelines Lessons; memorandum of agreements with crisis agencies; and the collection of data on youth identified as potentially at risk for suicide. New to the school-based program were requirements for schools to implement a Student Assistance Team and a Data Tickler System designed to identify and support students experiencing academic failure and/or personal distress. The goal of these last two components was to identify students before they experienced suicidal ideation or behaviors.

Another significant difference was the manner in which schools were recruited to participate in the project. In the prior school-only implementation of Lifelines, schools responded to a request for proposals to express their desire and readiness to participate in the project. In the newly expanded school and community version of Lifelines, MYSPP targeted schools in three counties with the highest youth suicide rates. MYSPP then contracted with the crisis agencies in each county to coordinate the project in their geographical area. The crisis agency coordinator recruited two in their area to participate in the program. Rather than have a MYSPP staff member coordinate the implementation of the project in local areas, as was the case in the first implementation of the Lifelines Program, the coordination role was assigned to the crisis agency coordinator.

Furthermore, in an attempt to expand its efforts to identify and support youth at risk for suicide beyond the school doors several new strategies were implemented for the first time in this project. Crisis agency coordinators recruited three community agencies in their area to participate in the project. The goal was to enhance relationships between schools and youth serving organizations. Community agencies were asked to have some staff to Gatekeeper Training, provide Staff Awareness Training for all staff, and develop and implement administrative protocols for dealing with identification, intervention and referral of youth at risk for suicide.

Summary of Findings

The following is a summary of the key findings of the project evaluation. The information is drawn from: (1) the case studies constructed from interviews with crisis agency coordinators, community agency staff and school staff in each of the three geographical areas; (2) staff surveys; and (3) event reports.

Implementation: Successes and Challenges

As stated earlier, schools and agencies implemented the program components with varying degrees of fidelity. The following is a brief summary of program implementation in the six schools.

- All schools developed administrative protocols for dealing with identification and referral of youth at risk for suicide, and for intervening in suicide attempts by students. Five of the six schools developed protocols for managing the school environment in the aftermath of a suicide. Effort in schools to inform staff of the protocols varied from distributing a copy of the protocols to reviewing the protocols each year.
- All schools trained core staff as Gatekeepers, had a couple of staff trained as trainers, and offered Staff Awareness training to staff.
- During the project, the Lifelines Student Lessons were taught in high school health courses with fidelity in three of the six high schools. One school taught the lessons with fidelity in the eighth grade. In the other two schools, the curriculum was modified. In one case the roleplays (considered essential by curriculum developers and trainers) were omitted and in the sixth school the curriculum was modified to the extent that it did not reflect the Lifelines Student Lessons.
- At the end of the project four of the six schools had a functioning Student Assistance Team.

- The data tickler system was not operational in any of the six schools at the end of the project. It was consider duplicative and too time consuming by schools.

The case studies indicate that at the school level two factors seemed to be especially important in supporting successful implementation. The first factor was administrative support. In schools where the administrator remained constant over the length of the program, and supportive of the goals, the coordinator was able to effectively implement program components and navigate potential barriers such as lack of time for staff training.

The coordinator is the second factor, which appears to be critical to the implementation of the program. In cases where the coordinator was in a professional role where the goals of the program fit with his/her normal role expectations, this person was able to attend to the necessary tasks to ensure implementation of program components and was able to keep the program moving forward. Also, coordinators were successful in implementing program components when they were a known and trusted entity in the school. Those coordinators who were most successful had been in the school system for some time and had gained the respect of other staff members. Coordinators who were new to the system and/or who had not earned the respect of other staff members met with resistance when they attempted to implement program components. Coordinators who were new to the school did not have the personal capital or the inside knowledge of the relationship and politics necessary to elicit the cooperation of other staff members needed to accomplish the implementation tasks.

An issue for program staff to consider is the manner in which schools were chosen to participate in the project. Rather than apply to be a project partner, schools were invited to participate in the project by crisis agency coordinators. In an earlier implementation of the Lifelines Program schools were selected based on their response to a request for proposals. The request for proposals required schools to demonstrate their readiness and commitment to implement all components of the program as well as to demonstrate that support of a school administrator. In that project, all schools implemented all program components with fidelity. It is possible that the varying levels of fidelity with which the schools in this project implemented program components are connected to their readiness and commitment to the project, which were not measured upon recruitment.

As explained earlier, the program model involved a crisis worker from the area crisis agency assuming the role of project coordinator for two schools and three community agencies in their geographical area. School personnel and crisis workers in all areas perceived the working relationship between crisis agencies and schools improved as a result of the project. However, the model of crisis workers as project coordination experienced some significant challenges. Crisis workers reported experiencing friction between the two roles of their job. The nature of the crisis worker role is immediate, often urgent, and by necessity flexible in terms of schedules. On the other hand, the prevention role of the coordinator is planned rather than immediate or urgent. The dichotomy in the nature of these two roles often made it difficult for the coordinators to carve out the time needed to focus on their project coordinator role. While not an insurmountable obstacle, it is likely that these two roles were not as clearly distinguished in the crisis agencies as they needed to be to support the role of project coordinator.

Lastly, the role of community agencies in this project deserves some discussion. The most common benefit of participating in the project cited by community agency staff was that there was a higher level of awareness about youth suicide in the agencies. It is likely this increased awareness resulted from staff attending Gatekeeper training and providing Staff Awareness Training for staff. However, we were unable to measure the impacts of the trainings due to low returns of the staff survey.

Another dynamic in the work with community agencies involved administrative protocols for dealing with suicide prevention, intervention and postvention. While all agencies eventually developed administrative protocols the creation of these protocols came as a result of MYSPP contracting with an individual to visit each agency and help them with the protocol development. While this accomplished the goal of creating protocols, it remains unclear to what extent the protocols will be integrated into the operations of the agencies. Furthermore, complicating the adoption of administrative protocols is the fact that some agency staff who were interviewed indicated that they had trouble figuring out how their agency fit with the project. This struggle was most prevalent in agencies that did not serve youth or that had a mission that was broader than serving youth struggled, at least initially in figuring out their role in the project.

Finally, a central goal of involving the agencies was to create a strong community network to support youth at risk for suicide by improving the relationships between schools and agencies and among agencies in the geographical area. The northern area of the state was the most successful in creating this network. In the northern region, a comprised of the schools, agencies and crisis worker met on a regular basis. In the other two regions, a community coalition never materialized.

Outcomes

In drawing conclusions it is important to connect to the program goal. The goal of the Lifelines Program is to build a competent community that can identify and support students at risk for suicide. The data suggest that this goal was met in each of the schools but in some schools to a greater extent than others. By developing and implementing suicide prevention and intervention protocols, and training staff members through Gatekeeper training and Staff Awareness training, all schools increased their readiness to identify students at risk. The staff survey shows that indeed staff's knowledge of school protocols for dealing with suicide prevention, intervention, and postvention improved. Also, there were significant increases in staff's confidence that they could recognize and respond to students at risk for suicide. As well, staff surveys also show that staff who attended Awareness training were more likely to notice warning signs and report their concern to an administrator, counselor or health provider in the school. All these changes suggest increased readiness on the part of staff members and schools to identify and support students at risk for suicide

Event reports are another means of assessing the readiness of schools to identify and respond to students at risk. As reported, 80 students were identified as potentially at risk by schools and 10 students were known to have attempted suicide during the project period. It is important to note that one school was responsible for half of these identifications and a second school was responsible for an additional 19 identifications. Together these two schools accounted for 71% of the event reports submitted. One can say, that these two schools were ready and able to identify youth at risk. However, the conclusion is complicated by the fact that interviews revealed that one of the schools implemented the program with fidelity and had strong staff support throughout the school whereas the other school failed to implement some program components and struggled with gaining staff support.

The remaining four schools reported few students potentially at risk for suicide during the two and one-half academic years that the data were collected. In the case of one school, they joined the project later than the other schools, after another school in the area withdrew from the project. In another school there were some initial problems in communication between staff members and concerns from social workers about sharing information on students identified as potentially at risk for suicide. Staff in this school eventually solved the dilemma but initially it was a barrier to obtaining event report data. Reasons for the small number of student identifications in the two remaining schools are not evident.

Follow-up event report data showed that students who were identified as potentially at risk do accessed resources for assessments in a timely manner. However, we do not have data to determine if services beyond the initial assessment are readily available for adolescents, especially those who may be uninsured or under-insured. Interviewees in at least one of the schools indicated that securing ongoing needed services for students is difficult.

In summary, drawing definitive conclusions about the outcomes of the Lifelines Program is difficult in this project due to the small number of schools and the uneven implementation of the program components in the schools. However, there is evidence to conclude that upon completion of the project schools are better prepared to identify and appropriately respond to students at risk for than they were prior to the project. Furthermore, all schools demonstrated that they can identify and refer students at risk for suicide.

Lessons Learned

Lessons learned in this project are instructive for future implementations of the Lifelines Program in schools and communities. The following summarizes the key lessons.

- School administrators are key to the success of Lifelines Program in schools. They hold the power to prioritize program components such as the development and implementation of protocols and training for staff. To the extent possible, commitment of school administrators should be assessed prior to confirming a school's participation in the project.
- School coordinators are most successful when the role of coordinating the program components fits naturally with their current job. For example, a school guidance counselor or nurse is viewed as natural gatekeeper concerned about student wellness.
- The school coordinator needs to be a known and trusted colleague in order to garner the support of other staff.

- There are benefits to crisis workers and school personnel developing working relationships. However, positioning the crisis worker as project coordinator appears to detract attention and resources from the needed coordination tasks.
- A process needs to be developed that monitors schools' implementation of program components to ensure fidelity to the program model.
- Attention needs to be paid to health teachers concerns with the Lifelines Student Lessons in order to encourage fidelity to the Lessons.
- Schools need to establish clear lines for communicating and reporting students identified as potentially at risk for suicide in order to best serve the students and in order to contribute event report data.
- The data tickler system as designed does not work for schools. If this component is to be continued it will need to utilize current school data collection systems and demonstrate that the benefits outweigh the resources needed to establish and maintain the system.
- Some schools may need assistance in effectively dealing with barriers to establishing and implementing a Student Assistance Team.
- Community agencies recruited to participate in the project should have a clear connection to serving youth.
- A more structured approach is needed in order to create a network of community agencies and schools.

Finally in concluding, it is important to recognize that the Lifelines Program is a comprehensive approach to school- and community-based prevention and intervention of youth suicide. While the evaluation has attempted to measure the implementation and outcomes of the components of the program, it is essential to acknowledge the interdependence of various program components. It is this interdependence that makes for a sound theoretical approach to prevention and poses challenges for evaluation.

Section II:
University Report

INTRODUCTION

Concerned by the national statistics on suicide among college students, the Maine Youth Suicide Prevention Program proposed to increase by two (2) the number of Maine colleges that institute an effective, comprehensive approach to youth suicide prevention. Activities were to include a survey of colleges throughout the state to assess the current status of suicide prevention, intervention and postvention efforts on Maine's college campuses. Based on the data, two campuses were to be selected to work with the MYSPP to increase their efforts. However, in the first year of the project, the objective was modified to the following: "To enhance a partnership with two Maine colleges by providing resources to increase their capacity to provide effective youth suicide prevention services." To meet this objective, the project provided gatekeeper training and Training of Trainers at two Colleges, and offered technical assistance. The latter was not requested.

Once the two colleges were identified, the statewide survey was no longer necessary and evaluation plans were revised to utilize key informant interviews. The following summarizes the findings from those interviews, conducted with five individuals at each campus, referred to hereafter as Campus N and Campus S.

Interviews were conducted in the fall of 2006, and again in the fall of 2008. Key informants included counseling center directors, residential life staff, the dean of student affairs and campus police leadership. All interviews were conducted one on one, on site and lasted between 30 and 45 minutes.

RESULTS

Baseline Data

The director of counseling services at Campus N expressed the opinion that these were times of greater awareness nationwide. Suicide had been in the press in recent years, there had been some high profile events and the public was becoming better informed about the risks. He felt that society was becoming more aware of mental illness and its impact, all of which he related to depression and suicidality.

Campus S benefited from the leadership of an individual who was particularly passionate about suicide prevention and had launched a taskforce prior to the work with the MYSPP to begin work on suicide prevention and intervention.

Protocols and Procedures

At the beginning of the grant period, neither of the colleges had a formal suicide prevention plan in place. However, the counseling center staff both described efforts they were making to get the process started. They had plans to raise awareness in a variety of ways, including sending staff to gatekeeper training and training for trainers so that they could, in turn, provide workshops to faculty and staff. At Campus S they had developed and distributed resource cards for students, put up posters and sent information to all listserves about identification and referral of students at risk for suicide. At Campus N they had plans to train faculty in every department and to meet with community providers to facilitate cross referrals.

Both colleges had formed groups that were meeting weekly to develop plans to support students who had been identified as having potential problems. They shared information about services the student could access and how to make referrals. These groups consisted of key players across campus (e.g.: campus police, residential life, the dean of students and counseling center staff).

Protocols were in place at both campuses for handling a mental health emergency. They addressed the roles of police, ambulance corps, residential life staff and actions such as transportation of the student to hospitals, emergency response, and follow up care. In the event of a threat, public safety officers and/or counseling center staff would make an assessment and determine the appropriate action. If there was an attempt, the student would be transported to the local hospital for assessment.

Campus N had a suicide postvention protocol in place at the start of the grant. It had been created ten years before and included a contact tree, to be followed by a small group meeting where the facts would be clarified and procedures determined. The university had designated a contact person who would respond to all media inquiries. The group that convened would bring in others to provide support to those who might be affected, and conduct debriefings. Parents would be notified of a son or daughter's suicide by the Dean of Students, police, or residential life staff.

“The Dean of Students’ postvention group would try to determine who knew this person and who would have the need to know. There would be an announcement by the media at some point. But prior to that we try to find where the student was con-

nected, and faculty advisors or supervisors who are in a position to have contact with those students.” (Director of counseling services, Campus N)

Challenges

Follow-up with students upon return to campus after a psychiatric hospitalization was a particularly important topic to both universities, and one that seemed especially challenging. Both counseling center staff spoke about the need to improve communication with the discharging agencies and hospitals so that these students could be supported through the transition back to school.

Post Project

At the end of the project, interviewees at both campuses reported an increase in broad reaching suicide prevention activities. It had been incorporated into their missions and the highest level administrators had become actively involved in efforts to prevent suicide. Campus N had recently received a suicide prevention grant and was in the process of initiating new grant-related activities. Both Campus N and Campus S counseling centers had protocols in place for response to a crisis or suicide, as did the police and residential life departments.

Awareness Raising

To increase awareness, Campus S established a community education committee and began going out to key groups on campus to talk about high-risk issues, the counseling center services, and where to refer. In this format they provided education about a wide range of self-harm and violence related issues, including suicide prevention. They had also developed written communication materials such as fliers and brochures specifically for students, to be given out at tabling events. In addition Counseling Center staff at Campus S continued their usual practice of delivering presentations to first year classes on topics such as depression, suicide and available resources.

At Campus N, the counseling center adopted several strategies to raise awareness of its existence and services, including a handbook for faculty and staff, as well as a website. These resources provide information about the counseling center, how to deal with distressed students, what to say, and how to make referrals. Also at this campus the residence hall directors, residence life and residence advisors are trained every year on how to ask questions about suicide and to make referrals. Staff at Campus N reported working with the

Maine Youth Suicide Prevention Program, attending Gatekeeper Training and Training for Trainers, and then adapting those trainings for their population. They had delivered the training to campus police, recreation center staff, and residential life staff and were planning to offer the training to every department on campus. In addition, the director of counseling services reported that he was being invited to talk with faculty in various departments, on the topic of suicide prevention.

Though they were invited to gatekeeper training, neither campus police nor residential life staff at Campus N remembered going to, or sending anyone to, MYSPP gatekeeper training.

Identification and Referral

In the previous three years, Campus S had initiated a community education committee to coordinate the delivery of presentations to departments throughout the institution. The director of counseling also mentioned the MYSPP Gatekeeper Training as a new and valuable activity, and felt that as a result of the project: “More people are educated in how to find us, (the counseling center), how to make a referral, what to say to a student.” According to the Campus S director of counseling services:

“All those key players that have been trained at the gatekeeper trainings, they are doing that informally and then sending the student to us if they are worried to see a counselor for the more formal assessment.” “Maybe the RA will say so and so just hasn’t gone to class all week, they seem depressed, or somebody may say this person is cutting or this person is somebody I’m worried about, you know, they have talked about suicide, maybe their Facebook page is really dark, really talks a lot about death, do we need to be worried about that.”

In fact, at Campus S, the police and residential life staff would meet weekly on Monday mornings, to discuss all at-risk students known to them, events that took place over the weekend, and any other concerns they may have. Information from these meetings was then shared at the Dean’s Council meeting an hour later. The Dean’s Council, which was formed just before the project began, continued to meet weekly and was considered by those interviewed, to be very effective at identifying students at risk and getting them into services. Campus N had recently convened a similar group called the Student Behavior Review Team, for the same purpose.

SUMMARY

At both campuses, counseling services had been in place long before involvement in the SAMHSA project, with highly qualified staff who routinely assess students and staff for issues such as depression and suicidality. They provide psychiatric services as well as psychotherapy, full suicide assessment, and referrals as needed.

Other highly valued resources include the campus police, public safety, the dean of students, health centers and residential life. Bringing these departments together in regular weekly meetings has amplified their ability to identify and assist students at risk for suicide or other violent behaviors in a more coordinated and comprehensive way.

Asked what they felt was still needed to prevent suicide, a few of the interviewees mentioned greater awareness, comfort and willingness to intervene, among peers, faculty and staff. One suggested modeling efforts after the relationship violence training system, where they have first responders all throughout the various departments, among the workforce, so co-workers would know what to do if they suspected anything. The model provides very clear channels to communicate the information confidentially so that an inquiry can be made compassionately and respectfully and resources brought to bear early on.

During the grant-funded period, both campuses made substantial progress in their suicide prevention and intervention efforts. However, it is not possible to attribute all progress on suicide prevention and intervention to SAMHSA grant activities given that both campuses initiated their efforts prior to establishing a relationship with the MYSPP. Also, it is likely that the highly publicized campus shooting at Virginia Tech, which occurred during the grant period, significantly impacted the urgency of addressing signs of suicidal and homicidal behaviors in students. However, it is reasonable to conclude that an increase in the number of staff trained to identify and respond to students at risk for suicide is directly linked to SAMHSA-funded activities. Staff from both campuses attended Gatekeeper Training and Training of Trainer workshops, which teach individuals to provide Staff Awareness Training to others in their workplace. In addition, SAMHSA project staff facilitated a meeting between the American Foundation for Suicide Prevention (AFSP) and Campus N which resulted in a plan for the 2008-2009 academic year to pilot an interactive web-based intervention method of outreach to college students at risk for suicide who would not otherwise

access campus counseling services. These initial collaborative efforts are credited with the subsequent award of Garrett Lee Smith Memorial campus suicide prevention funding to fully implement this web-based outreach program.